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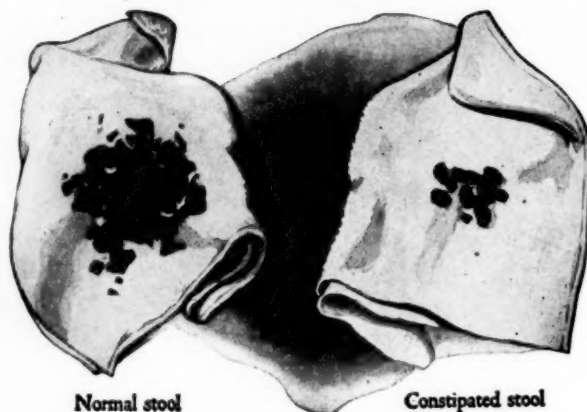
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Comments on the Progress of Surgery During the Year 1925

WILLIAM FRANCIS CAMPBELL, M.D., F.A.C.S.

Brooklyn, N. Y.

While the contributions to surgical literature have been numerous and suggestive, there is little to record that is outstanding or distinctly new. The one rare exception is the contribution of Drs. Gye and Barnard to the etiology of malignant new growths, an appraisal of which is given below.

The growing tendency to depart from the standard operation of Bassini is observed in the contribution of Drs. George W. and Kingsley Roberts, "*The Suture of the Aponeurosis of the Internal Oblique Muscle to the Ligament of Poupart for the Cure of Inguinal Hernia*" (*Annals of Surg.*, April, 1925, p. 833).

Experimental evidence shows that failure of operations for inguinal hernia is due to the attempt to unite tissues of unlike histology. This is the essential weakness of the Bassini operation. The authors, therefore, propose to ignore the suturing of the internal oblique muscle to Poupart's ligament and instead an incision is made in the aponeurosis of the internal oblique parallel to Poupart's ligament over a sufficient length to allow a flap of the internal oblique to be turned over and sutured along the shelving border of Poupart's ligament from the external ring up along the canal and around the internal ring. This provides a new floor for the inguinal canal which is purely aponeurotic and under no tension. The lateral leaf of the external oblique is now drawn under the cord and sutured to the median leaf of the internal oblique. This forms the new bed for the cord, and the operation is completed by bringing the median leaf to the external oblique over the cord and suturing it to the external surface of the lateral leaf of the external oblique and approximating the superficial fascia and skin.

Thus it will be seen that not only has the inguinal canal been reconstructed, but the joints of the reconstruction have been accomplished by the union of like-to-like tissues.

Ranft presents a theme for discussion which is open to considerable debate.

"*Operations for Inguinal Hernia During Childhood, Especially During Infancy*" (Zur Frage der Leistenbruchoperationen im Kindesalter, mit besonderer Berücksichtigung des Säuglingsalters). *Monatsschr. f. Kinderheilk*, 1924, XVII, 547.

Whereas the radical operation has long been the method of choice in the treatment of hernia in adults, its value for children, and especially for infants, has become recognized only in the last two decades. To-day extreme youth is no longer regarded as a contra-indication. Even if a hernia becomes reduced spontaneously in an infant, its site still remains and a recurrence may develop when the patient begins active working life.

Sick children, such as those with the spasmophilic diathesis and status thymicolymphaticus, are not fit subjects for operation. In healthy infants the operative mortality is no higher than that at later ages. Even narcosis offers no greater danger for the infant. Chloroform alone or chloroform and ether should be used. In the author's sixty-one operations there were only two accidents during anesthesia and in both of these cases the child was soon revived.

Breast-fed infants should be operated upon only if nursing can be continued. An infant is in no way injured by the radical operation or its stay in the hospital if it is well nourished. Often, in fact, the radical operation overcomes previously existing disturbances of digestion.

The application of a truss to infants is not recommended by the author. It is of only temporary use, it does not prevent later recurrence, and it is frequently injurious, causing inflammation of the skin, weakening of the hernial opening, irritation of the contents of the hernial sac, etc. It should be remembered also that the constant wearing of a truss restricts the child in its physical and mental development.

Special care must be taken to maintain asepsis in the cases of children and infants.

Children with diseases of the skin and other infections

should not be operated upon until these affections are cured. Further indications for delaying or refusing operation are tuberculosis, lues, constitutional anomalies, disturbances of nutrition, and other manifestations of like nature. The author recommends that operation be done in the first three months of life only when the indications are very definite. When they are not definite it is better to wait until the child has greater resistance.

At the University Clinic at Leipzig in the last year and a half seventy children under one year of age were operated upon for inguinal hernia. Ten of the herniae were irreducible and incarcerated. Of the remaining sixty, fifty-one were in boys. Ten of the children were 3 months old or younger; twenty-five from 3 to 6 months old; thirteen from 6 to 9 months; and thirteen over 9 months. Almost one-half of the cases were operated upon by Kocher's simplified method, but the author prefers the high ligature of Karewski without closure of the hernial opening as the plastic procedure requires too much time. He believes Kocher's method should be reserved for cases in which the employment of the high ligature is impossible because the hernia is a sliding hernia or for some other reason. In the three cases of hernia in girls the author found contents in the hernial sac (twice an ovary and tube; once an ovary and the uterus). In the boys, the hernia had contents in about half of the cases. In some instances the contents were inflamed and showed a tendency toward the formation of adhesions.

In simple cases of hernia, plastic operations are unnecessary and it may be possible to disregard the incision and suturing of the external aponeurosis which increase the danger of recurrence. In cases of sliding hernia and in the presence of adhesions, Kocher's method of invagination is indicated.

The results of the radical operation in early childhood may be designated as good.

Comment

Most surgeons have been in the habit of prescribing a truss before the age of two, but when the unsatisfactory results from the truss are considered, with its handicaps to the normal development of the child, we are rather inclined to agree with the author that truss treatment in childhood should be abandoned, and the radical operation be substituted as the method of choice.

Brown, P. K., and Coffey, W. B., present an interesting study of the "Surgical Treatment of Angina Pectoris: A Report of Eight Additional Cases and a Review of the Literature." *Arch. Int. Med.*, 1924, XXXIV, 417.

The authors believe that section of the left superior cardiac branch of the cervical sympathetic and of the main trunk below the superior cervical ganglion will relieve the main cause of angina. They attribute angina to a spasm of the aorta and perhaps of the coronary vessels. They assume that the superior cardiac nerve has a constrictor action upon the aorta and coronary vessels. Mention is made of a case of angina in which, after severance of the left superior cardiac branch and main trunk, the patient still complained of pain distinct from substernal pain. This pain was attributed to spasm of the aorta. One and one-half years after the first operation the superior cervical ganglion was removed. The pain then ceased. This case seems to indicate that there may be a connection between the superior cervical ganglion and the depressor nerve, a branch of the vagus.

Sixteen cases in which angina was relieved by the removal of the superior cervical ganglion are reported from the literature. In this number there were two deaths.

The authors' views regarding the surgical procedure

to be employed in angina have changed somewhat from those expressed in their original article and are now similar to those held by Ranson and Holmes.

P. Duval presents a daring and brilliant suggestion concerning "The Abandonment of External Biliary Drainage After Choledochotomy for Duodenal Drainage Through the Ampulla of Vater." *Bull. et. mém. Soc. nat. de chir.*, 1924, 1, 755.

Drainage of the bile passages after choledochotomy is an essential step in the operation. While external drainage has many disadvantages, it has been heretofore the only reliable method available. Its unfavorable effects, however, are seen constantly. The tamponing of the wound, which necessitates healing by second intention, favors subsequent herniation; and the removal of the gauze may be followed by hemorrhage. The continuous loss of large quantities of bile is not without harmful effect. The function of the liver, already gravely impaired, suffers still more. Loss of weight is the rule, and may be very marked. In severe cases the author has obtained gratifying results from feeding bile. If ox bile is not available, the patient's own bile may be given through a tube after fractional sterilization.

The simplest and most natural solution of the problem is drainage through the natural passages.

Dilatation of the ampulla has given very satisfactory results and has been adopted by a number of surgeons. Sounds up to No. 30 can be passed without danger. However, it seems questionable whether adequate drainage is always assured by this method.

Choledochoduodenostomy has given excellent results, but is a delicate procedure and greatly complicates the operation.

In the author's opinion, the simplest and most effective method is drainage by means of a tube left in the ampulla of Vater. The ampulla is dilated by bougies up to No. 18 through the incision in the common duct and a Nélaton catheter then introduced into the duodenum for a distance of 8 to 12 cm. The proximal end is passed into the hepatic duct. The common duct is then completely closed and the peritoneum repaired with the lesser omentum.

This method was developed on the basis of experiments in autoplasty over a tube and was used for drainage a few times before it was employed in the two cases reported in this article. The results have been uniformly good, but the procedure is not recommended for dangerously infected cases in the acute stage.

The time required for the tube to pass varies greatly. A delay of seven months has been reported. No ill effects from the presence of the tube have ever been noted.

In the discussion of this paper, Cuneo minimized the inconveniences and dangers of external drainage, stated that he doubted the harmlessness of a tube retained for a long time, and on the basis of an experience of his own, questioned the adequacy of the drainage afforded by a Nélaton catheter.

F. Derganc makes an important suggestion in an article on "Appendicolysis" (*Zentralbl. f. Chir.*, 1924, LI, 499).

In the rare and difficult cases in which the vermiform appendix lies inextricably entangled in loops of intestine, omentum, or adhesions—a condition for which Lanz has recently recommended a procedure he calls "appendekthlipsis"—the author has obtained successful results from appendicolysis or subserous appendectomy.

An approach is made to the base or head of the appendix, the cicatricial serosa over it is slit open, and the appendix is slowly and carefully withdrawn from its adhesive sheath through the slit in the serosa like the

finger of a glove. The cicatricial covering draws back of itself without bleeding and requires no further attention.

Up to January, 1924, Derganc had performed thirty-two appendicolyses. In all of the cases, with one exception, healing occurred by primary intention without drainage. There were no fecal fistulae or other complications.

L. Schoenbauer presents some interesting conclusions from his "*Experimental Studies on Drainage of the Peritoneal Cavity and on the Physiological Protective Powers of the Peritoneum*" (Experimentelle Untersuchungen ueber die Drainage des Cavum peritonei und ueber den physiologischen Schutzapparat des Peritoneums). *Wien klin. Wchnschr.*, 1924, XXXVII, 412.

Albrecht has abandoned drainage of the peritoneum for the reason, among others, that resorption is retarded thereby. In a series of experiments Schoenbauer found that resorption is unaffected, at least in the first six hours of drainage, and that in an infected peritoneum the resorption is increased, as Clairmont and von Haberer have shown. When animal charcoal was introduced into the normal and the infected peritoneum it was found that it was not brought into the dressing material by drainage, but was diverted toward the diaphragm, as occurred also in the undrained cases. This was true even when the dressing material was kept moist.

These findings again show that there is no such thing as drainage of the peritoneal cavity, but that it is possible by means of a drain to close off a part of the peritoneal space from the rest of the abdominal cavity because adhesions form rapidly. It would therefore be more correct to speak of a "walling-off" than of drainage. Drainage is necessary only when infectious material must be left behind in the peritoneal cavity.

The author found also in his investigations that the bactericidal power of the peritoneal exudate is two or three times as great as that of the exudate obtained from the subcutaneous tissue.

C. D. O'Keefe makes some pertinent suggestions regarding "*The Cause and Prevention of Postoperative Gas Pains*" (*Am. J. Obst. and Gynec.*, 1924, VIII, 748).

From a study of the cases tabulated it is apparent that the preoperative, operative, and postoperative care are all-important in the end-results. Gas pains occurred in 62.5 per cent. of the cases in which castor oil was given before the operation and in 33.3 per cent. of those in which it was omitted.

During the operation trauma is the important factor to be considered. Long operations are very apt to be followed by a stormy postoperative course. When the patient returns to her room, stimulation of the gastrointestinal tract, nourishment, and rest are necessary. Stimulation may be obtained mechanically or by the use of drugs. Mechanical stimulation is best obtained by the introduction into the intestinal tract of small amounts of saline solution. Water should be given by mouth as soon as possible—much earlier than usual. In the author's cases the best results were obtained when saline solution was given immediately after the operation and again after twelve and twenty-four hours. Gas pains occurred in only 9.6 per cent. of the cases so treated.

In summarizing, the author offers the following conclusions:

1. A regular diet may be given up to within twelve hours of the operation.
2. Purgation is not only unnecessary but even harmful.
3. A frequent cause of postoperative gas pains is avoidable trauma to the abdominal contents.

4. The effect of ether may be alleviated by the preoperative use of morphine and hyoscin hydro bromide and postanesthetic gastric lavage.

5. Peristaltic action should be stimulated immediately after operation. The method of choice is the intermittent injection of saline solution or water. The use of drugs is to be discouraged.

6. Postoperative rectal feeding predisposes to gas pains.

7. The disadvantages of the Murphy drip proctoclysis outweigh its advantages.

8. Morphine should not be denied when the patient's comfort demands it.

9. Pain, restlessness, sleeplessness, and fear play an important part in the stasis of the gastro intestinal tract.

Probably the most important contribution of the year is the publication of the researches of Gye and Barnard regarding the etiology of malignant growths, "*Etiology of Malignant New Growths*," by W. E. Gye, and "*Microscopic Examination of Filtrable Viruses*," by J. E. Barnard (*Lancet*, London, July 18th, 1925).

Etiology of Malignant New Growths

Researches made on the origin of cancer lead Gye to regard cancer—using the term in its widest sense—as a specific disease caused by a virus (or growth of viruses). Under experimental conditions the virus alone is ineffective; a second specific factor, obtained from tumor extracts, ruptures the cell defences and enables the virus to infect. Under natural conditions continued "irritation" of tissues sets up a state under which infection can occur. The connection between the specific factor of a tumor and an irritant remains to be investigated. Some of the relatively unimportant "irritants" are known, such as coal tar, paraffin oils, etc. The virus probably lives and multiplies in the cell and provokes the cell to continued multiplication.

Nature of Filtrable Viruses

Barnard reviews previous work done on the microscopic study of filtrable viruses and describes his own work, especially on malignant tumors. He has seen particulate forms develop into spheroids and then the full life cycle ensues. His explanation of the life cycle is that the spheroids take the place of the living cell in providing conditions suitable for reproduction. In very young colonies of pleuropneumonia the particulate forms do apparently divide for the first few hours only, and are then immersed in some excretory material which reduces their surface tension. Soon, however, the spheroids develop on the outer edge of the colony and further reproduction takes place on those. A long series of comparative observations on cultures, all of which have ultimately been proved by animal experiments to be infective, has led to the conclusion that the same type of phenomenon, but on a smaller scale, is to be observed in the Rous fowl sarcoms, mouse sarcoma 37/S and latterly in human carcinoma, as can be seen in cultures of pleuropneumonia. In no essential point is there any difference, except that the cultures from malignant growths are slower in developing and do not produce such rich cultures. If the spheroids are an essential part of the life-history of these organisms then, owing to their low refractive index, they would produce evident cloudiness. The fluid cultures from malignant growths always remain clear; on solid mediums the colonies are so small that they required the use of a high-power objective to see them. The incubation period has not usually exceeded seven days, and examination of the cultures and similarly incubated uninoculated tubes has been made from three days onward. During that period the same

(Concluded on page 25)

The Year in Urology

VICTOR COX PEDERSEN, A.M., M.D., F.A.C.S.

New York City

All branches of the science of urology have received attention during 1925, and the following is a brief, complete, review of the best progress.

Bacteriology

Vincent's infection of the genitals is very rare, but McCormac (*Jl. Urol.*, 1925, *XIII*, 565) reports a case in a female, believed to be the first on record, although Vincent's balanitis has been reported. The woman, age 32, had one ulcer close to the anus, giving symptoms like a fissure and another ulcer on one of the labia minora. Two organisms were found and held responsible. Neosalvarsan locally cured both lesions.

Saelhof (*Jl. Urol.*, 1925, *XIII*, 485) has studied Ducrey's bacillus carriers. Going back to the observation of Buck in 1915, who was unable to find chancroid, although the bacillus was present on the external genitals. Brams in making smegma cultures from thirty men with long foreskins mostly negroes, found the bacillus in five, who like the others were clinically intact. Saelhof has corroborated these findings for both sexes, showing that the bacillus may be present as a saprophyte. Other possibilities, however, must be considered because the bacillus is not always recovered from chancroids, auto-inoculation is often experimentally atypical and clinical chancroids are recorded without possibility of transmission. Despite the fact that the Ducrey bacillus conforms with all postulates of Koch its role as a cause of chancroid needs revision.

Actinomycosis of the genitals is another curiosity. Smith (*Urol. & Cut. Rev.*, Nov., 1925) reports perhaps the first record of this lesion. The patient was an Italian laborer, married, denying sexual contact outside his wife. The ulcer resembled a chancre and was under the foreskin, leading to a primary diagnosis of syphilis. Subsequent observation and bacteriology established the diagnosis.

Actinomycosis of the upper urinary system is the subject of Weiser (*Zeitsch. f. urol. Chir.*, XVIII, 3-4) writing on "Diagnosis of Actinomycosis of the Bladder" he sums up the subject completely. Poncet reported a case of direct infection through the introduction of an ear of wheat. Secondary infection has occurred in the following ways: through the abdominal wall after external injury, and from the intestinal canal and other genital organs. The characteristic abscess with multiple fistulae and a cystoscopic picture suggests and finally establishes the diagnosis. The ray fungus must be found because occasionally pyogenic bacteria establish similar lesions.

Determination of the gonococcus in obscure cases is still supreme. Nogues and Durupt (*Jl. d'Urol.*, 1925, *XIX*, 379), in "Diagnosis of Latent Gonococcism" handle the problem from a new and rather objectionable angle. These authors have been working since 1897 on urethral filaments and recently on semen, secured by the unwarranted procedure of masturbation. While such a method undoubtedly secures the specimen it seems unnecessary in the face of approved multiple glass tests such as that of the reporter², which when carefully done are entirely adequate. The work of these writers corresponds with that of other French authorities a few

years ago, who secured a series of prostitutes negative on a first examination. The women were subjected to intercourse, the men wearing covers, so that contamination was impossible. Immediately after this step positive findings were obtained in many of the negative patients. Both these forms of tests show that the sexual orgasm is necessary to produce specimens in many patients, but the same result is obtainable in the male with the multiple glass test properly done and in the female during the congestion immediately after menstruation.

Diagnosis

The fine distinctions of urology in the diagnostic field have been maintained in the deliberate effort to improve or add to existing procedures. Chauffard & de Bray (*La Presse Med.*, 1925, *XXXIII*, 129, in studying "Association of Excess of Blood Uric Acid and of Blood Cholesterolin" point out that in nephrolithiasis diagnosis is not complete unless there is a test made for blood cholesterolin in relation with blood uric acid. In many nephrolithiasis there will be cholelithiasis and increased blood cholesterolin where both substances are in excess in the plasma, the kidney stones or gravel will appear before the formation of gall stones.

When the question of urinary infection is uppermost, its demonstration is so easy by analyses, animal experimentation, and bacterial cultures, that one may ask why chemistry of the urine should be regarded as equally reliable or worthy of consideration. Nevertheless, Weltmann and Haslinger (*Zeitsch. f. urol. Chir.*, 1925, *XVIII*, 1-2), have continued their studies on "The Nitrate Reaction as Indicator of Urinary Infection," and have reached reasonable conclusions as to its values. Technical laboratory difficulties seem to be great. At best analysis will show the fact and not the degree or organism of the infection. The status of such a test would be probably that of control and corroboration rather than final reliability.

Urogenital sepsis depends upon the function and the resistance of the kidneys. Chauffard sometime ago showed that lowered cholesterolin in the blood accompanies sepsis and Barbary injected cholesterolin and camphor into soldiers with infected wounds. A paper worthy of study is "Cholesterol Content of the Blood in Reference to Genitourinary Sepsis," by MacAdam and Shiskin (*Br. Jl. of Surg.*, XII, 345.)

The advent of insulin into the field of diabetes has carried it into the field of urology. Flandin (*le Bulletin Med.*, XXXIV, 36), on "Insulin in Uremia and Cholesterinemia" draws conclusions from an interesting and difficult case which are at least suggestive if not final. After establishing the proper relation between blood urea and blood sugar by the use of insulin the drug was stopped the balance lost and the patient died in acute uremia.

Creatinin is again to the fore on the possibility that it is of itself a reliable blood index of renal function. Feinblatt (*Am. Jl. Med. Sc.*, CLXVI, 249), in considering "Creatininemia" in 1,500 blood examinations noted the creatinin retention without selection of case. The uremia patients were all medical, and the findings would be of interest. His methods go back to 1914. Most of this work has already been done by Folin and Meyer and Fine. Attempts to parallel creatinin retention and urea

² V. C. Pedersen, *Urology in Men, Women and Children*, p. 453.

retention rather fail than succeed, although there is always urea retention with creatinin retention. As already pointed out by the reporter¹, it is probable that all three nonprotein nitrogen elements are interrelated and should be so regarded in blood chemistry work—urea, uric acid and creatinin.

A curious case of high nitrogen content is reported by Pinard (*Soc. med. d. hosp.*, XLVIII, 813) in a syphilitic of long standing, 43 years old, and nephritis. The urea was 2.83 grammes in the blood. At first neosalvarsan intravenous injections reduced and held it to normal, but intolerance of the arsenical supervened and the urea returned augmented and before death had reached 3.35 grammes.

The function of the kidneys is a preeminent problem, and is yet in the peculiar position of a tendency to rely too much on more or less single tests than upon a summary of tests combined with an examination of the patient. Goldberger in "Function Testing of the Kidneys in Surgical Renal Diseases" (*Zeitsch. f. urol. Chir.*, XIV, 275), states that functional tests have the following significance—they are an auxiliary to the finer differential diagnosis between kidney and kidney-pelvis disease and the only indicator of the pathophysiological progredience of the renal parenchyma, furnishing both indications and prognosis. Incompleteness of methods in use makes it difficult to realize in practice the full theoretic possibilities. Entire kidney function is much more readily ascertained than the function of the individual kidneys. The evaluation of these methods rests upon empirical criticism. Ambard's coefficient gives a trustworthy picture of general renal functional activity. Nitrogen retention indicates renal inefficiency only if there is urea retention. To judge the individual kidney activity the author advocates the use of differential urine cryoscopy with patient on dry diet. As check-up on cryoscopy use an indigo-carbine color test.

Ultimate function can hardly be gathered from such a detail as casts alone, but an interesting study is "The Casts of Renal Failure" by Addis (*Jl. Am. Med. Assn.*, LXXXIV, 1013), who describes casts which differ from ordinary hyaline and granular ones in being unusually broad and epithelial, waxy or granular but are mostly the latter. A sediment of such casts implies a urea concentration of the blood of over 100, and patients die of uremia. If these casts are mixed with ordinary ones it indicates a certain degree of renal insufficiency, but not invariably a bad prognosis. At the peak of a general bacterial infection such broad casts may appear for a time without indicating any damage to the kidneys. They are never found in patients in good general condition. Old pathologists taught that casts from the large straight discharging tubules of Bellini always showed complete nephritis and foreshadowed early uremia, so that the above seems only a restatement of a long known fact.

Treatment

Professional enthusiasm runs in waves. The tartar emetic wave for chancroid and granuloma inguinale seems about to spend itself. Goodman (*Jl. Urol.*, XIII, 480) in "Treatment of Chancroid with Intravenous Tartar Emetic" reports 4 cases of granuloma and chancroid with phimosis. Great improvement was obtained, but the patients ceased treatment before a cure could be definitely reported.

Fraser also (*Jl. Urol.*, XIII, 227) writes on "Treatment of Granuloma Inguinale" and reports 18 cases. He disputes nearly every generalization in reference works

about this condition, as far as South America is concerned. It is not necessarily a disease of the tropics nor of the blacks. The bacterial or protozoan origin has not been proved and the alleged microorganisms are not sufficient for a diagnosis. It is not transmitted by venereal contact and antimony is by no means a specific. Of his 18 cases only 6 could be cured by the antimony injections, while one recovered under sulf-arsenol. No other remedy was of any value, so that the prognosis is grave. Spontaneous healing never occurs but there are abortive attempts to heal. The affection in temperate climates may be confused with syphilis, chancroid, tuberculosis, cancer, gangrenous inflammation, etc.

The Steinach operation is another furor which has died out as a means of relieving senescence. On this subject Zoth (*Wiener kl. Wochensh.* XXXVIII, 39) under "Prophylaxis of Senescence and the Use of the Original Brown-Sequard Testicular Extract" reports a lifelong experiment, longer than Metschnikoff's nineteen years' use of bacillary milk. He began to inject the Brown-Sequard extract when thirty years old and during that interval has always sought to improve the technique of use. He found that it is not advisable to take the injections regularly and that a short summer course of two to four weeks is sufficient. If the injections are given continuously cardiac troubles appear to be set up. The original mode of preparation has not been modified from a glycerin extract of the testes of sexually mature bullocks. Dose 1 to 1.5 cc diluted with double the amount of distilled water and injected beneath the skin of the abdomen. The total amount of extract injected during a course of treatment is 20 to 30 cc. In regard to results the author mentions chiefly the capacity for physical exertion, which he has controlled by cycling, swimming and the use of gymnasium apparatus, and resistance to disease. In both of these he gives details which appear to show results attributable to treatment. Despite the long years of the World War and the subsequent hardships he shows no signs of senescence, although now only sixty years old. He believes that his method gives results superior in every way to grafting and the Steinach operation.

In the light of the great results of physical therapy applied to the prostate vesicles and testicles, meddlesome urology is a term quite properly applied to such operations as vasotomy, and vasopuncture except as last resorts, and especially until the methods of physical therapy have failed. In a symposium and discussion "Vasotomy and Vasopuncture" (*Jl. Urol.*, XIV) Belfield, Thomas & Mark cover the advantages and the discussion took up the disadvantages of these procedures. Cummings is another heavy operator in this field. In the main urologists have wisely not been receptive of these steps or have been discouraged by initial failures. As the reporter of this review has opinions of his own, they may be placed here appropriately. The difficulty of curing a severe cystitis is well known, and the same difficulty applies to the relief of a severe spermatoecystitis. The analogy is almost complete. Although the technique of these operations is easy, repeated irrigation through the vas is quite another matter for the establishment of a cure. Of vastly more importance and of better ultimate result are the nutritional and recreational changes induced by electrotherapy competently selected and applied. This opinion is based on at least ten years of experience during which not one operation of the foregoing type has been undertaken whereas cures within the proper expectation of the lesions encountered have been fully established.

"Radium in Hypertrophy of the Prostate" is the sub-

¹V. C. Pedersen, "Chemistry of the Blood," *Med. Times*, Nov., 1925.

ject of Kogan (Civiale Clinic, Lariboisiere Hospital, *Jl. d'Urol.* XIX, 23) as to six cases, three restored to normal urination and three temporarily improved and later operated on. The radium was used in the urethra and the rectum. A double-current catheter was passed for the radium tubes and left in place twenty-four hours, likewise tubes in the rectum. Apparently periurethral absorption occurred. At proper intervals a second sitting may follow the first if unsatisfactory. The author recommends this method when operation is refused or contraindicated. The following comment is in order. The number of cases is too small for a conclusion but indicates an equal percentage of cures and failures. The scientific mind believes neither in cure-alls nor cure-nothings. An equal or better percentage of temporary relief is furnished by properly selected physical therapy. In the end, the profound decongestion of the entire sexual apparatus results and continues as long as the patient is cooperative.

"Stenosis of the Neck of the Bladder" is again summed up by Chetwood (*Urol. & Cut. Rev.*, August, 1925) as caused by fibrotic atrophy, muscular hypertonia, muscular hypertrophy, sclerosis, periurethral adenoma, etc. The mechanism may be distortion hypertrophy or sclerosis—irregular, concentrated or lobulated. Relief or benefit follows simple incision, multiple incision, excision or stretching. It is advantageous to have a good review of this rather obscure lesion.

Stricture of the ureter is still very much within the attention of urologists and probably after another ten years will be firmly within the knowledge of the profession at large. The credit of pioneer belongs to Hunner, who in "Recent Clinical Studies in Urology (Ureteral Stricture)" (*Urol. & Cut. Rev.*, Aug. 1925) gives a summary of ten years' experience in 2500 cases. It is curious that the symptoms are often so vague as not to attract attention, such as pain in the lower region, back or flank, bladder irritability, evidence of pyelitis, etc. A pelvic capacity of 10 or 12 cc indicates hydronephrosis, and occurred in 500 patients. Kidney stones were present in 200. One might add that the service of the kidneys as filters of bacteria and toxins renders all parts of the urinary system open to infection and changes in the mucus membrane. Hunner is undoubtedly correct in believing that stricture of the ureter is a more common and important lesion than usually understood.

The check-up or caution in this problem is furnished by Eisendrath in "Ureteral Strictures, Kinks, and Abnormal Insertions" (*Surg., Gyn. & Obst.*, November, 1925) who takes a more conservative position, making a distinction between stricture and other abnormalities and warning against a wrong interpretation of pyelograms and obstruction to the bougie.

"Urological Operative Surgery" is the work of Voelcker & Wossidlo, in its second edition. In the department of renal function, one recognizes a rather undue discussion of direct methods all involving the use of the ureteral catheter, such as elimination of urea, color methods, phthalein, phloridzin, electric conductivity, cryoscopy of the urine, and the acid-alkali or Rehn test. The latter is given first place because believed to be more reliable in locating the lesion. This opinion probably falls again into the error of trusting too much to one test. One further notices that the writers give too little attention to indirect methods, such as the condition of the blood through cryoscopy, nitrogen elements, and indican, also the urenine and water- and concentra-

tion-test. These indicate the condition of the body at large and should not be omitted.

In 1915 the reporter³ pointed out the importance of leakage around ureteral catheters in kidney function work. It seems to take ten years for a matter of this kind to be accepted by the profession or to be studied again without perhaps due reference to the preceding work. Day (*Jl. Urol.*, XIII, 73) in "Estimation of Phthalein Leakage Into the Bladder During Kidney Testing" covers this same field without offering anything new.

"Bladder Reflux" is the penetration of urine out of the bladder upward to the kidneys also styled "ureteral regurgitation" by Eisendrath, Katz and Glasser (*Jl. Am. Med. Assn.*, October 10, 1925) essentially the ureteral sphincters must be at fault, mechanically, muscularly or nervously. Changes in the ureter as in tuberculosis frequently cause it. A curious detail is the absence of allusion to the old belief that residual urine means back pressure and crippling of the kidneys. The underlying problems of this peculiar condition remain for time and experience to solve.

Some of the original contributions of Bright allude to pain during nephritis. Schneider (*Zeitsch. f. Urol.*, XIX, 9) under "Painful Nephritis" shows that the lesion may be unilateral or bilateral, focal or diffuse, capsule, commonly thickened and adherent, less commonly lax and not adherent, pain dull and indifferent or colicky. A most important feature is bleeding from the kidney. Decapsulation or nephrectomy is recommended according to the severity of the bleeding.

Renal stone is ever important. Quimby (*Jl. Urol.*, XIII, 59) in "Diagnosis of Renal Calculi During Operation by Films" shows that films may be applied to the kidney much as to the teeth, exposed, developed, and the diagnosis made much more accurately than with fluoroscopy.

Walton and Luscian (*Am. Jl. Roentgenology*, October, 1925) in "Report of 1326 Roentgen Examinations for Suspected Urinary Calculi" note as follows: 84 per cent had this presumptive diagnosis in the upper urinary tract. Only 16 per cent showed positive shadows, the men outnumbering women two to one and the right side exceeding the left. Too much stress cannot be laid on the advisability of using the shadow catheters in all this work. As shown by the reporter's work⁴ there are twenty-seven errors reported in literature of shadows wrongly diagnosticated as renal stones, because shadow catheters were not used.

Removal of renal stone by massage is the subject of one unusual case reported by B. Lewis (*Jl. Am. Med. Assn.*, October 3, 1925) in "Nonoperative Treatment of Stone in the Kidney Pelvis." Recurrence had been frequent and operation was no longer advisable. Succussion and massage appeared to make the kidney and ureter evacuate the stones.

Marion (*Jl. d'Urol.*, XIX, 140) reports four cases in "Diagnosis of Perinephric Phlegmon." The presence of other pus foci such as boils is suggestive but Marion emphasizes the presence of intense pain in the costolumbar angle referred forward to the rectus with tenderness and induration in the same zone not unlike a pad. As a rule the patient cannot turn or sit at ease. The typical temperature of pus is present and the urine may be free from pus and the x-ray may not make the diagnosis.

"Renal Tuberculosis" is the subject of Persson (*An-*

³ V. C. Pedersen, "Limitations of Functional Tests of the Kidneys," (*Trans. Am. Urol. Assn.*, 1915, IX, 374).

⁴ V. C. Pedersen, loc. cit. p. 919.

The Year's Progress in Diseases of the Nose, Throat and Ear—1925

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It is always a pleasure to survey the year's progress in our specialty and to find, regardless of the vast amount that has been done in the past, that each year adds something of value and sometimes brings forth a new method of procedure or a new method of cure which will be of everlasting value. It is often most difficult to keep abreast of the times; it is often most difficult to realize that in as circumscribed a specialty as ours, so much can be written in the short space of twelve months. When we first began these papers for the MEDICAL TIMES some years ago, it was with the hope that we would be able to show the profession the dignified character of the work the otolaryngologist was doing. But, as time goes on, we find that we are also receiving a great deal of benefit from the realization of the duty before us. For each year we know that we are going to present something to show progress.

As heretofore, the advances of value in the work on the upper respiratory tract are equally along the lines of medical treatment and operative treatment. During 1925 we have had presented various procedures mainly dealing with diagnosis and medical treatment. By far the most important procedure is the one described by Tobey of Boston for the diagnosis of thrombosis of the sigmoid sinus. Tobey's work, we feel sure, will stand the test of time. Along medical lines, we venture to suggest that the experimental work on the application of autogenous vaccines locally, will be of inestimable value in time to come. It has a practical application throughout the entire realm of medical and surgical therapy and, we hope, that the evidence brought forth, will be corroborated by others.

One of us (Hays) has made a study of 200 cases treated by vaccines applied locally to the nose, throat and ear¹. The vaccine employed was an autogenous broth culture sterilized in the autoclave for ten minutes at twelve pounds pressure. The types of cases treated included many of ethmoiditis and pansinusitis together with cases of asthma and antrum infections. Fourteen different types of bacteria were found either alone or in combination with others, the most frequent being the streptococcus communis and the micrococcus catarrhalis. Cultures were usually taken directly from pus or from the posterior part of the nose or the region of the supratonsillar fossae. Cultures from the anterior nares were usually sterile. The vaccine was mostly applied directly on long thin cotton tampons to the part treated, in most cases the nose. The packing was kept in place for one-half hour and eight treatments, three to four days apart, were given. The patient also used the vaccine at home by means of a medicine dropper or a nasal atomizer. A study of the results in two hundred cases treated showed 3 per cent cured, 46 per cent improved and 23 per cent unimproved or questionable.

The method employed by Doniol and his associates² consists of daily application for ten days of sterilized oxgall to the nasal cavities followed by an application of 4-5 c.c. of an autovaccine of ten billions of micro-organisms per cubic centimeter, in the form of dressings left in place one hour. They also use powdered bile (Choay) dissolved in sterile water (1:2). Before the application of the vaccine, the entire nasal cavity is cleaned with cotton soaked in the bile preparation. The bile pro-

duces sneezing, which combined with the mechanical action of the application, removes the crusts. The rubbing should be energetic enough to cause the cotton to be slightly tinged with blood thus assuring sufficient desquamation of the mucosa. The bile has a slightly vasoconstrictive action and is well tolerated. The authors report 21 cases of ozena treated in this way all of which showed improvement and several who were definitely cured. In every case the fetor disappeared. Nearly all had been treated unsuccessfully by other methods previously. In 19 the Wasserman was negative.

Rebattu and Proby³ first used hypodermic injections employing intensive doses of auto-vaccines, but the results were not satisfactory. They next tried local intranasal vaccinothrapy injecting into the turbinate tissues itself. Although the marked reactions that accompany the subcutaneous and intramuscular injections did not occur, yet this method caused cellular irritation and a part of the antigen introduced was not utilized as was shown by the general reactions sometimes resulting. Intranasal spraying was then tried; the turbinates first being scarified and the raw surface thus bathed in the vaccine, cutaneous vaccinations being used at the same time. The results were uniformly encouraging. At first normal saline solution was used but later an emulsion in liquid petrolatum was adopted since with the latter the vaccine adheres better to the integument and the nasal mucosa.

Good reports continue to come in from workers in this and other countries as to the results obtained by use of diathermy and endothermy in the treatment of various conditions in the nose and throat and in the removal of new growths. One of us (Palmer)⁴ has recently employed endothermy, i. e. (a monopolar current of high voltage and low amperage from a Oudin resonator of a high frequency machine) in the surgical treatment of a case of marked pharyngeal stenosis of 15 years' duration where the entire soft palate was so nearly completely adherent to the pharyngeal wall that nasal breathing was nil and the patient experienced considerable difficulty in swallowing. An ordinary steel sewing needle, about three inches long, bent at a suitable angle and placed in a spinal handle, was used to carry the current and the operation was complete in a few minutes under local anesthesia. An opening into the nasopharynx large enough to permit free nasal respiration and allow greater ease in swallowing was made by separating the adherent membranes from the medial line laterally. The advantages of this method over the ordinary dissecting methods are that there is practically no bleeding, and a minimum of post-operative scarring and retraction. No artificial dilators were used after operation.

In a contribution to the study of the spheno-palatine ganglion, Ruskin⁵ describes in detail the various anatomical connections and the possible physiological functions of the spheno-palatine ganglion. We must consider spheno-palatine ganglion disturbance not as an entity but as a combination of four different factors. (1) a trigeminal maxillary syndrome, a sensory facial nerve syndrome, a sympathetic syndrome and a local spheno-palatine ganglion syndrome coming from the cells located in the ganglion proper. Sluder has made a thorough study of the medical aspects of the ganglion and a

list of the conditions which have proved amenable to treatment through the ganglion are as follows:

External crycordynia, lower jaw toothache, glossodynia, earache in case of Eustachian tube and middle ear lesions, earache secondary to cancer of the larynx; the pain of laryngeal tuberculosis, the pain of herpes of the shoulders, relief of spasm of the esophagus, spasm of the face and upper respiratory tract, syphilitic headache, malarial headache, ophthalmic migraine, dismenorrhea, lumbago, intercostal pain, gastric pain, nausea and diarrhea, neuralgia of the neck muscles, sciatica, maxillary neuralgia, tic doloreux, sensory facial neuralgia, pain in upper teeth feeling of foreign body in throat, persistent itching in external auditory canal, herpes zoster oticus, taste disturbances. An imposing list indeed.

Injection of the ganglion can be practiced through three routes, laterally by way of the sphenomaxillary fossa, medially through the lateral wall of the nose and inferiorly through the roof of the mouth by way of the posterior palatine canal. The latter route is used by Ruskin. He employs a 22 gauge platinum needle, 4.5 cms. long mounted on a syringe at about a 45° angle. For anesthesia 1 per cent novocain is used, while for alcoholic injection the posterior palatine canal is first treated with novocain which is then followed with alcohol.

Grumdruen reports two cases presenting definite subjective and objective symptoms of tuberculous laryngitis. In each case considerable relief of the laryngeal pain occurred after cocaineization of both nasal ganglions.

Zybrecht⁷ finds tutocain a valuable anesthetic for mucous membranes. The anesthetic effect is not as satisfactory as that obtained by cocain but no untoward effects were encountered such as transient syncope, etc.

Albermag⁸ treats Vincent's Angina by the local application of bismuth salts. This method is simple and requires no particular care. It suffices to take an ampule of tripol (tartro bismuthate of potassium and sodium in oily suspension) pour its contents in a small container and apply it to the ulceration with a cotton swab. If the improvement is not immediate the strength of the solution should be increased from 1 per cent to 3 per cent. The treatment is the easiest, the most rapid, and the most economical as well as the most energetic, of all the methods proposed up to the present time.

The increasingly widespread use of local anesthetics is indicated by the large amount of literature on this subject recently published. Blegvad⁹ issued a special questionnaire to the otolaryngologists of Denmark, Finland, Norway and Sweden and reaches the conclusions from the replies received which do not differ to any extent from those published by the Committee of the A.M.A. One should never use cocain in solution stronger than 10 per cent, and adrenalin should always be added to the cocain solution. This drug should be used cautiously in young children, old persons, or in cases of pregnancy, tuberculosis or heart disease. The same general rules apply to novocain, which should not be employed in strength greater than 1 per cent. The author has records of 27 deaths from novocain, 6 of which occurred in anesthesia for tonsillectomy.

One of the valuable contributions to Otolaryngology is the work of Tobey and Ayer¹⁰ on the diagnosis of lateral sinus thrombosis; they have devised a test based on the spinal fluid pressure which is especially useful in the presence of double mastoiditis. It is described by them as follows: "With the patient in the lateral position, lumbar puncture is performed, and the fluid is allowed to run into a glass manometer of 2 mm. bore. The initial pressure reading is noted; also the presence of pulse and respiratory oscillations as evidence of the patency of the manometric system. Now, without in any way disturb-

ing the patient, an assistant gently presses on one side of the neck between the larynx and the sterno-cleido-mastoid muscle until he feels a strong carotid arterial pulsation. During the compression, the operator watches the rapidity of rise of the fluid column in the manometer, the promptness of its beginning and the full height to which it attains, and, on release of jugular compression, the rapidity of drop in pressure. The procedure is now repeated on the opposite side of the neck, and then, for comparison, both sides of the neck are pressed simultaneously. In a typical case of lateral sinus thrombosis, there is a prompt and rapid rise in fluid pressure to twice or three times the initial reading when the internal jugular vein draining the normal sinus is compressed. This pressure is maximal, being equivalent to the pressure attained when both jugular veins are compressed. Pressure over the vein draining the thrombosed lateral sinus causes no rise or, more commonly, a slow rise of only from 10 to 20 mm. in the manometer. These findings are characteristic of complete obliteration of the sinus. Partial obstruction from mural thrombosis naturally gives less striking results, yet is of value when correlated with the clinical findings." They have found the test reliable in the case of complete block and highly suggestive in the case of incomplete block, not only in determining the presence of thrombosis but also as to which side is involved, and while admitting the possibility of theoretic dangers, which they discuss in detail, in their series of twenty-two cases they have seen no evidence of ill effect from the technic.

A method of approaching the mastoid antrum when the lateral sinus is situated so far forward toward the posterior canal wall that the usual operative procedures cannot be carried out is described by Lyman Richards;¹¹ he removes sufficient of the outer portion of the canal wall to offer a transverse surface into which a curet can be introduced, which can then readily be carried inward directly through the lateral wall of the antrum, a procedure in some ways analogous to the removal of the posterior canal wall in the radical mastoid operation, though less extensive. The necessary separation of sufficient of the soft portion of the canal to expose the bony part is unlikely to result in any appreciable stenosis if carefully performed.

For the primary covering of the bone wound in the radical mastoid operation, Schulz,¹² after completing the radical and the plastic operation on the meatus in the usual manner, makes an additional incision, parallel with the first, in the hair-line and two centimetres longer than the cavity in the bone, joins the lower ends of these two incisions, and depresses the resulting tongue of skin, attached above, into the mastoid cavity by means of a tampon which emerges from the meatus. About three fingers' breadth further back on the scalp is made a V-shaped incision, with apex posteriorly, its divergent ends as far apart as the upper and lower borders of the concha, and after its edges are freely undermined they are sutured together in the form of a horizontal "Y"; the original incision is then closed. The tampon is removed on the fifth day, and the pedicle divided in the third week. He has used this technic on sixty-two cases, and finds the convalescence much shortened.

Four cases of mastoidalgia in which the symptoms were so severe as to lead to operation on the mastoid without abating the pain are reported by Lyman¹³, who, after cocaineization of the sphenopalatine ganglion failed to bring relief, opened the sphenoid and ethmoid sinuses, bringing about marked improvement in the symptoms; he noted that exacerbations of the sphenoiditis always caused a return of the mastoid symptoms.

Masked inflammation of the middle ear and mastoid, with severe gastro-intestinal and nutritional disorders as the outstanding features, occurring in infants between two and eighteen months of age, has been carefully studied by Floyd¹⁴ and by Alden and Lyman¹⁵, who call attention to the large number of children presenting these symptoms of Alimentary Intoxication (Anhydremia), with an invariably fatal outcome unless the mastoid suppuration is relieved. As summarized by Floyd, "Certain infants, usually between the ages of eight weeks and eighteen months, may suddenly develop symptoms suggesting a primary gastro-intestinal disturbance * * *. The symptoms are all marked, being lethargy, frequent and loose stools and dehydration, with great and rapid losses in weight in spite of symptomatic and supportive treatment. The bowel condition does not respond to diet rearrangement. At necropsy, the only positive finding was pus in the mastoid. Bilateral mastoidectomy performed as soon as the condition is determined and other foci eliminated has resulted in prompt recovery of many of these infants and is probably the only means of saving the child's life." Quoting Alden and Lyman: "Examination of the ears of these infants rarely shows the conventional signs of acute suppuration in either the middle ear or mastoid, and in none of these cases were any of the external signs of mastoiditis present. The ear drums may be dull and gray or may show slight reddening and may or may not be bulging. However, there is always some change in their color, the normal lustre having given place usually to a dirty gray, opaque appearance. The one finding that is most constantly present is a distinct sag of the superior or posterior superior wall of the auditory canal just external to the tympanic membrane. With the use of a head mirror and reflected light this sign may easily be overlooked, but if the ears are carefully examined with the electric otoscope and brilliant illumination this phenomenon can usually be found. * * * The surgical drainage of infected mastoid antra in infants is not a formidable procedure. In all of our cases except one, it has been carried out under local anaesthesia. * * * Cultures taken at the time of operation showed hemolytic streptococcus in eleven of the cases (numbering fifteen in all), pneumococcus in one, and three of the cultures were lost or contaminated * * *. Inasmuch as heretofore the mortality rate in this condition has been practically 100 per cent, the fact that we have been able to save more than 50 per cent of our cases seems to demonstrate conclusively the value of this form of treatment."

A new method for the treatment of Brain Abscess has been devised by King¹⁶, who gives as his reason that in a case treated by the classical drainage method, in which herniation occurred in spite of precautions, and in which the drainage tube refused to stay longer in place, he observed an unexpected, slow recession of the hernia under irrigation treatment. Practically all operative procedures heretofore described in the treatment of brain abscess have been based on three well recognized principles: (1) The drainage of the abscess cavity; (2) Prevention of extension of meningeal infection; (3) Prevention of hernia cerebri. The method used by King in the treatment of these cases consists briefly in making a trephine opening through the skull directly over the lesion, and, on determining the exact location and extent of the cavity by means of a trocar, the opening is enlarged to the size of a silver dollar or larger, depending on the extent of the abscess. A .5 inch incision is then made into the suppurative area, and a soft rubber catheter with a Luer syringe attached is inserted and the contents withdrawn, with which instrument the cavity is then washed

out with surgical solution of chlorinated soda repeatedly until clear. The incision in the cortex or "roof" of the abscess is carried to a point on the margin of the cavity and then around it in a circular manner, so that the entire "roof" of the cavity is removed. The exposed capsule is then wiped dry following free irrigation with the solution. The floor of the abscess cavity will then be seen to become less concave, with a tendency to rise somewhat into the operative field. No drainage tubes or drainage material of any kind is inserted, but a fenestrated rubber dam is placed over the cavity and over this gauze wet with surgical solution of chlorinated soda, which is kept wet by means of Dakin's tubes. The after care, with attention to details, is important; dressings should be done daily. The cardinal points in the care of the patient, which will result in recovery, are: (1) Allowing of temporary herniation of the brain, carrying with it the remaining portion of the abscess cavity; (2) Combating of infection by the use of surgical solution of chlorinated soda; (3) Prevention of trauma to the brain hernia during the period of combating infection and the subsequent recession of the hernia; (4) Prevention of over-distension of the ventricular system by means of lumbar puncture if indicated; (5) Strapping of the wound with adhesive strips after the slight necrosis on the surface of the hernia has ceased and the surface of the hernia has become covered with healthy granulations followed by the recession of the hernia with epithelialization. The hernia may become of considerable size, from the size of a small lemon to that of a small orange. No part of it should ever be cut away, neither should it be compressed, except as before mentioned. The patient is usually up and about the ward before the hernia is ready for even the slightest compression. The average time required from the time of operation until the hernia has completely receded and the granulating surface becomes covered with epithelium is between two to three months.

The ether treatment in cases of chronic suppurative otitis media is warmly commended by Hubbard¹⁷, on the basis of an experience of five years with this drug. His method is as follows: The auditory canal is cleansed by syringing once, but the irrigation is never repeated. The patient is placed on his side with the affected ear up, and the external auditory canal is filled with ether; when all the ether has evaporated, which usually takes from ten to fifteen minutes, depending on the size of the canal, he assumes the sitting position, and the ear is examined again, when whatever debris or discharge may be present is wiped away with cotton on an applicator. This is repeated once or twice daily, depending on the amount of discharge, the patient being given a small bottle of ether for use at home in the same manner, with instructions to report for inspection and a new supply of ether at stated intervals. By this method, Hubbard states that he has saved a number of patients from the radical mastoid operation.

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Recent Progress in Medicine

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Wilbur H. Haines and L. L. Milliken report their observations on the effects of morphine and atropin on renal function (*Jour. A. M. A.*, December 12, 1925). As the result of experimental work they reached the conclusions that

1. Morphine and atropin, in the usual hypodermic dose, do not affect kidney function unfavorably.

2. Ether anesthesia inhibits kidney function in dogs, and morphine and atropin given prior to the anesthetic prevent this inhibition.

3. Clinical observation and experimentation indicate that morphine and atropin have the same effect on kidney function in man during ether anesthesia that they have in experimental animals.

4. These experiments suggest definite indications for the use of morphine and atropin in urologic surgery in addition to those already recognized.

5. Further research and more definite clinical observation of the effect of morphine and atropin on kidney function are desirable.

Francis G. Blake and James D. Trask sum up the therapeutic value of scarlatinal antitoxin (*N. Y. State Jour. of Med.*, December 15, 1925.) They conclude that

1. Scarlatinal antitoxin in proper amount is a specific and prompt cure for uncomplicated scarlet fever.

2. It indirectly benefits septic complications during the acute state of scarlet fever, presumably by curing the specific toxemia.

3. It has not been possible to demonstrate that it possesses any therapeutic value in post-scarlatinal sepsis after the rash has faded.

4. To be therapeutically efficient in reasonable dosage an anti-scarlatinal serum should contain at least 12,500 minimal blanching doses of antitoxin per c.c. or be able to neutralize at least 10,000 skin test doses of toxin per c.c.

5. The amount of toxin required to cure scarlet fever promptly and with certainty by intramuscular injection varies from 3,000 units to 12,000 units (30 to 120 c.c. of a serum which neutralizes 10,000 skin test doses of toxin per c.c.), depending upon the size of the patient and the severity of the disease.

6. To obtain the best therapeutic results the full amount of antitoxin required in each case should be estimated and given at once as soon as the diagnosis is made.

J. S. Lankford describes a useful method of outlining the heart by pencil percussion (*American Medicine*, November, 1925). After considerable experimenting, Lankford worked out a system that has been exceedingly serviceable. The pencil-marked chest has been repeatedly compared with the x-ray in the same patient and found accurate. The metal stethoscope is pressed against the middle of the sternum, which is a very fine sounding board, reasonable pressure being used. With the stethoscope between the second ribs, percussion is made by means of a rubber-headed lead pencil. A series of rather firm, quick strokes should be used, about four to the second, beginning two or three inches outside the supposed border line of the heart. Immediately upon approaching the line the percussion note becomes dull or flat. A mark is made and the procedure is repeated on the other side. The stethoscope is then

moved down an inch or more and the border found and marked, and so on down to the lower border of the heart. Quickly the pencil marks are converted into a continuous line and the outline is completed. The female breast of whatever thickness does not interfere with the test. If there is any suspicion about liver dulness complicating the test, percussion from above downward and from below upward inside the nipple line will reveal the liver border. It should be remembered also that enlargement of the spleen and effusion may complicate matters. Pericardial effusion may be easily outlined by this same plan, but pleuritic effusion cannot because it is usually too far from the sounding board. In the ordinary average chest the ribs and interspaces may be disregarded. If the chest is very bony it is well to keep to the interspaces, or if the bone is followed to make allowance for the difference in the percussion note. Vibration is readily carried along the ribs to the sternum and thus to the stethoscope but the percussion note is different. The skin does not vibrate well stretched tight over the bone. After some experience it is easy enough to find the depth of pressure or force required, the quickness of release of the skin from pressure, and the rapidity of strokes to get the best results. Of course, extensive consolidation of lung tissue, pleuritic effusion, mediastinal tumor, and other abnormalities may so mask the conditions that the x-ray may be imperative.

L. B. Hohman (*Bull. Johns Hopkins Hosp.*, October, 1924) has met with considerable success in the treatment of the post-encephalitic Parkinsonian syndrome with hyoscin hydrobromide. In all of his eighteen cases objective improvement was noted. The largest dose given was 1/50 gr. four times a day; average dose 1/100 gr. four times a day. The patients do not seem to acquire a tolerance for the drug, so that the doses do not have to be increased as time goes on. There have been no ill effects; at the same time, regulation of the dosage may be necessary on account of vertigo, or somnolence, or difficulty in accommodation. This treatment relieves the rigidity of the personality, so to speak, as well as the rigidity of the body musculature. Six patients were slightly improved, five were definitely improved and seven were moderately improved. Hohman found sixteen months to be the average time between the onset of Parkinsonian symptoms and the original acute attack.

H. S. Plummer and W. M. Boothby (*Illinois Med. Jour.*, December, 1924) have met with considerable success through the use of iodine in the treatment of exophthalmic goiter. They use iodine in the form of Lugol's solution. In a moderately severe case ten drops of Lugol's Solution was given daily. In cases with gastrointestinal or psychic crises, ten drops of Lugol's solution was given three or four times daily for several days, and then reduced to only once a day. Where there was intolerance by mouth the solution was given per rectum. The pre-operative mortality has been reduced, and patients thought to be inoperable have, after receiving this treatment, been accepted as good operative risks.

H. H. Young and K. Birkhaug (*Jour. Amer. Med. Assoc'n.*, August 16, 1924) report success in two streptococcus infections by the use of mercurochrome-220 soluble given intravenously. One was a severe case of scarlet fever and facial erysipelas. This child, who was

four years of age, received 15 c.c. of a one per cent. solution of mercurochrome-220 soluble. The second case was in an adult with streptococcus pneumonia. In the second case 20 c.c. of a one per cent. solution were given. Improvement in both cases began in a few hours and complete recovery followed rapidly.

In a review of the work of Forssner on Pregnancy and Tuberculosis, the *Edinburgh Medical Journal* of March, 1925, quotes this authority as follows: "The thesis of the detrimental influence (of tuberculosis upon pregnancy) is supported by the majority of doctors in various countries; but it is still only a theory, as it is based on the subjective impressions of a particular doctor in the development of a given case. But the proof of the harmful influence of pregnancy pulmonary tuberculosis, that is, of the most important point in the whole question concerning the treatment of pregnant tuberculous women, has not yet been established. The truth of the problem has not yet been discovered and still demands research." Forssner declares that children born of tuberculous mothers are not tuberculous at birth, and compare well in weight with the children of healthy mothers. Of course, the child's chances are much improved by removal from the tuberculous mother. Forssner does not believe that abortion increases the resistance of a tuberculous mother to her disease.

W. D. Stroud (*Jour. Med. Soc. N. J.*, April, 1925) recites proofs of the prevention and relief of heart disease; they show what has been done and what can be done in this field. He sets them forth as follows:

1. Definite proof in a large children's clinic of the reduction of the recurrence of acute rheumatic fever by almost 100 per cent. in children in whom a successful tonsillectomy was done.

2. A definite reduction of the number of cases of acute rheumatic fever coming to the largest hospital in New York, where active removal of diseased teeth and tonsils has become popular, due to propaganda issued by the New York Association for the Prevention and Relief of Heart Disease.

3. The Schick test, and, if indicated, the toxin-antitoxin immunization for diphtheria—a large factor in the cause of acute cardiac deaths in children.

4. The Dick test for susceptibility to scarlet fever and the possibility of development of a technic for its prevention. Scarlet fever, all too often, especially if joint symptoms are associated with it, is the definite cause of valvular heart disease in children.

5. The widespread attack upon venereal disease, with early treatment during the primary stage, which if successful, practically eliminates syphilis as a cause of cardiovascular disease.

6. The realization that arteriosclerosis with hypertension is often familial in type; that the life of the average American could not be better designed to produce arteriosclerosis, hypertension, and finally myocardial failure; a realization that the plans to prevent this vicious cycle must be made in youth and carried out through middle life.

7. Annual complete physical examinations for all.

Maurice E. Shaw (*Quart. Jour. Med.*, July, 1924) states that the achlorhydria of pernicious anemia is absolute and can be measured. It is believed by many that the achlorhydria of pernicious anemia is the primary defect, permitting the entrance of organisms, such as streptococci, into the digestive tract, from whence the toxins of the disease are supposed to be absorbed. By administering hydrochloric acid the lost germicidal power of the gastric juice is restored. The evidence appears to show that 1.5 to 2.5 drachms of acid hydrochlor. dil. (B. P.) will restore the germicidal activity of the

gastric juice in pernicious anemia, if given by the continuous method, which means that the acid is to be given in divided doses every quarter of an hour after a meal for 2.25 hours.

E. M. Livingston and W. H. Squires (*J. A. M. A.*, April 4, 1925) have analyzed the white blood counts at Bellevue Hospital, New York, for twenty years past in fifty-five cases of typhoid perforation of the intestines. Their study reveals no uniformity with respect to leukocytosis supervening upon typhoid perforation of the intestines. So great are the variations in the records that the differential count can hardly be held to be an important diagnostic consideration at the time of perforation. Where there is good clinical evidence of typhoid perforation of the intestines, operative delay, in order to study the leukocytic picture, is not justified.

Solomon Strouse and M. Dye (*Arch. Int. Med.*, September, 1924) submit good evidence to show that constitutional obesity may exist as an entity. In other words, what many of us have long suspected, there is occasionally a constitutional tendency to obesity, not due to overeating, underexercise, or disease of the thyroid gland. Obese persons representing this type show no interdependence between food intake, energy outgo and weight. These persons maintain their weight regardless of caloric balance.

L. M. Warfield (*Jour. Mich. State Med. Soc.*, September, 1924) outlines the treatment of chronic nephritis as follows: in the first place a diligent effort must be made to eradicate all focal infections. A study must be made of the patient's environment and habits, both mental and physical, his heredity and previous illnesses. The prognosis will be affected if heredity is a definite factor. Drugs are of little relative importance in the treatment. Mild laxatives or diuretics may be needed at times. Exercise, baths, massage and sunlight all serve useful ends. Iron is generally employed and Osler's favorite was Basham's mixture. Bone marrow and spleen extract are useful in combating the anemia. In the uremia of nephritis without edema the withdrawal of 400 to 800 c.c. of blood is excellent treatment, and is to be followed by the injection of saline solution either intravenously or subcutaneously. Whole blood may also be transfused. In uremic coma with edema blood letting does not give equally good results. Some authorities recommend sweat baths. Large mustard plasters over the kidneys are effective. Fluid should be forced (four liters a day). Diet is very important in the treatment of nephritis. Give a low protein, a moderately high fat and a carbohydrate diet. The vitamins must be included. A little salt is allowable in nephritis without edema, but in the nephritis with edema no salt should be used. The caloric value of the diet should run from about 1800 to 2200, in other words 40 to 50 gm. of protein, 100 to 150 gm. of fat, and 200 to 250 gm. of carbohydrates. Vary diet as much as possible, determine the degree of anemia, study the blood pressure, analyze the urine, and make kidney function tests. In addition to the phenolsulphonephthalein test the total intake of fluid, the total output in day and night amounts, and the specific gravity of all day and night specimens must be estimated. Repeat this procedure for 3-day periods from time to time. Normally, the total output should be less than the total intake by 300 to 400 c.c. Night specimens should show 1.015 to 1.020 specific gravity, and day specimens should be two or three times the quantity of night ones, gross departures from such standards showing impaired kidney function.

All necessary information can be secured by means

(Concluded on page 26)

Progress in Venereal Disease Control for 1925

WALTER M. BRUNET, M.D.

AMERICAN SOCIAL HYGIENE ASSOCIATION
New York.

For more than five years now it has been our privilege to place before the medical profession, each year, a brief review of the national activities in the field of social hygiene and bring to their attention the more recent developments. Since our first report on the "Progress In Venereal Disease Control," there have been many improvements in methods and materials. While the discoveries in this sphere of endeavor have been few within the past several years, the field of operation is constantly enlarging. Almost every city capable of supporting a full time health officer and undertaking a well rounded public health program has as an integral part of its communicable disease plan measures directed toward the control of venereal disease. The activities of the national organization have been concerned with the advancing of programs of established value and seeking improvement in methods and materials and to extending the scope of the work generally. Steady and definite progress for the year 1925 can be reported. In addition to our continued cooperation with federal, state, and local agencies, we have been able to take an active part in the world-wide efforts for higher ethical standards in social relationships.

No public welfare endeavor can continue to gain in strength unless it constantly keeps the public informed of its aims and mechanism presuming, of course, that these aims are worthy and the mechanism adequate. Nor can it depend wholly on its own publications in distributing such information. Hence it is gratifying to note a great increase in the favorable comments on social hygiene in the daily press and other periodicals, particularly in the better class of magazines. These news notes, editorials, and special articles have supplemented and strengthened such activities as: (1) More than 500 field visits by staff members to cities in all parts of the United States for purposes of study and consultation at the invitation of local groups; (2) Approximately 1700 lectures and addresses given by the Association's personnel; (3) The National Social Hygiene Conference held in Newark, N. J., November 19-21, 1925; (4) Such outstanding conferences and meetings as the St. Louis Protective Measures Institute; the six weeks' social hygiene course for specialists and lay groups held in Kansas City; the social hygiene lecture course in Cleveland, Ohio; the Institute for Social Hygiene in Chicago; the meetings held jointly with the Inter-racial Committee of the Federal Council of Churches in seven cities; and other similarly influential gatherings.

The value of the radio in the social hygiene field is constantly broadening and several local and state organizations as well as our neighbor to the North, the Canadian Social Hygiene Council, have kept pace with the National Association in putting broadcasting to good use.

The Association's Journal of Social Hygiene has carried a series of thoughtful articles which have met with keen appreciation both here and abroad. It is most gratifying to the Editorial Board to note the commendatory expressions from leading educators and scientists in the United States as well as from such influential thinkers in other countries as Professor Ettore Levi, Dr. Herman Roschmann, Mr. Havelock Ellis, Dr. Hynek Pelc, Sir Arthur Newsholme, Madame Avril de Ste. Croix, Dr.

Carlos Fernandez Pena, Colonel T. E. Scott, and many others.

The use of the Journal for testing out the value of certain articles with a view to wider circulation if favorably received has been continued. As an example of this use may be mentioned "Love in the Making," by Newell W. Edson, which appeared in the May issue. Scarcely had this come from the press before thirty inquiries were received from state health departments, Young Mens Christian Associations, Boy Scout leaders, and the Educational Director of the Order of De Molay, asking if reprints would be available in quantities. A test of this kind is most valuable in assuring the wise selection of additions to the Association's stock of pamphlets.

The demand for literature, motion pictures, slides, and exhibits steadily increases and the use of the metal screens displaying literature and posters, which are sent to important fairs, conferences, and other meetings throughout the country, has been constant. In addition are the thousands of pamphlets distributed through cooperation with state health departments, the National Congress of Parents and Teachers, the Womans Christian Temperance Union, and other important organizations, and the more than 3000 motion-picture showings which have been given during the year in the United States. The Association has supplied films, exhibits, and pamphlets to governmental and voluntary agencies in virtually every country on the globe. Spanish translations of the Association's pamphlets have been used effectively in border states where there are large Mexican population groups.

With the increasing use of portable projectors using motion picture films, the Association has studied the possibilities of making its motion pictures available in "strip film." As soon as the demand for this material seems widespread enough to justify the step, these "tabloid" films will be produced and distributed.

The installation by the Association of a carefully planned social hygiene exhibit in the "Hall of Health" of the Smithsonian Institute, United States National Museum, Washington, D. C., provides a most helpful addition to this exposition of public health which is visited by thousands of students and teachers annually.

A monthly information service to members, in the form of the Social Hygiene News, was inaugurated in November and its informal message will reach you periodically during the coming year. This service, it is believed, will be of interest to all members—the 3000 older ones and the 1000 newly affiliated in 1925.

In the Field of Education

The most conspicuous marks of progress toward the educational objectives of the Association during 1925 have been the expressed readiness of educators, teachers, and leaders of social agencies to accept their responsibilities for social hygiene education, and their consequent demands for help in formulating content and method for integration in their educational programs.

The study of social hygiene content for college curricula which the Association is making in cooperation with social hygiene committees in 200 universities and colleges has progressed to the point of revising the proposed tentative program in the light of the suggestions

made by these committees, and a number of institutions have already put parts of the program into effect.

A good example of continuity in community social hygiene progress is furnished by Kansas City where we cooperated in an educational institute for a selected group of community leaders three years ago. This together with the active efforts of the local secretary extended interest and conviction more widely and led to the organization of a social hygiene society. At the call of this society the Association cooperated during November and December in a six weeks' campaign in which the educational, religious, and social service forces of the community were won to the idea of a comprehensive application of a broad social hygiene program.

In Washington, D. C., two members of the Association's staff conducted an institute for parents and teachers in cooperation with the local social hygiene society. Some immediate results are:

(a) An indigenous experiment in sex education in a junior high school for white pupils;

(b) A similar experiment in a junior high school for Negro children;

(c) Preparation by request of an outline of subject-matter for integration in junior high school programs;

(d) Outlining educational matter for incorporation in the grade school program in elementary science and nature study. This was done at the request of the head of the school system, president of the Department of Superintendents of the National Education Association and chairman of the committee of the National Education Association for reorganizing nature study and elementary science.

Marked progress has been made in promoting the inclusion of social hygiene in the field of religious education. The Association is cooperating in field work and the preparation of educational material with the following commissions of the Federal Council of Churches: Church and Social Service, Education and Research, Church and Race Relations, Christian Education. Three study courses for parents and one for teachers for use in Sunday Schools have been prepared, the first of which is expected to be published soon by a prominent denominational publishing house. A new pamphlet "The Part of the Church in Social Hygiene" has been published.

Gratifying progress has been made in teacher training. A one-term course in New York University and a three-weeks' course in the summer school of the University of Utah have been conducted and series of lectures in a number of summer schools for teachers including Columbia and Washington Universities were provided.

Cooperation with various social agencies has brought increasingly practical results. Through invitation from the Order of De Molay for Boys, thirty days were devoted by a staff member of the Association to work among the local chapters and ten days with their picked leaders of boys in four summer camps. In cooperation with the Y. M. C. A., lectures were given in the colleges of the South and Southwest. In cooperation with the National Congress of Parents and Teachers an extensive program of lectures to parent-teacher groups and pupils of schools has been carried out. In a number of states the state departments of health have cooperated most effectively in this work.

The Association's work among Negro groups has broadened in scope and the services of a colored staff member have been in constant demand. South Carolina, Alabama, and Florida have been added to the group of states which are carrying social hygiene in their educational work in Negro universities, colleges,

normal schools, and summer schools. In addition to these demands, there have been many calls from national and local voluntary groups for aid in dealing with the many racial problems which have grown out of the increased Negro migration to cities of the north and west.

For Protection and Recreation

The Association has continued its active encouragement of the movement for the appointment and better training of policewomen, and has conducted jointly with the New York School of Social Work and other institutions, for the second year, a course for training policewomen in executive and field work. It has also continued its cooperation with the International Association of Policewomen in the promotion of an active program and in the planning of further studies. Notable among the contributions to the data in this field is the new volume "Women Police" published by the Bureau of Social Hygiene, the assembling of the material for which was carried on by a member of the Association's staff assigned to the Bureau for that purpose. This book has received high commendation from Dr. George Kirchwey, Dr. Susan Kingsbury, Chief August Vollmer, Professor Franklin Henry Giddings, Mr. Raymond B. Fosdick, and others who are thoroughly cognizant of its need and value.

Among the other studies in which the Association is participating, two, at least, are of great importance in the field of protective measures: (a) A study of "chaperonage" in universities, colleges, and normal schools is under way and field visits have been made to a number of institutions; (b) In cooperation with the National Probation Association and the University of Wisconsin, a study of rural probation and county supervision of dance halls and road houses in Wisconsin has been completed. This supplements similar studies carried on in urban areas.

Other notable services toward better protection for youth have been: a study of protective and rehabilitative agencies dealing with young women in Atlanta, Georgia, by request of the Council of Social Agencies of Atlanta and the State Department of Public Welfare; an Institute on Protective Measures held in St. Louis, Missouri, and participated in by eighty-four local social welfare agencies; the arranging of a special meeting on Equal Moral Standards for the Quinquennial Convention of the International Council of Women, Washington, D. C., May 10th. This included a comprehensive exhibit of social hygiene material and a Mass Meeting addressed by the Surgeons General of the United States Army, Navy, and Public Health Service, Special Assistant to the United States Attorney General, United States Commissioner of Immigration, Dr. Katharine Bement Davis, General Secretary of the Bureau of Social Hygiene, Mrs. Mina C. Van Winkle, President of the International Association of Policewomen, and Mrs. Anna Garlin Spencer of the Board of Directors of the American Social Hygiene Association. Following this important international gathering, arrangements were made for visits of the foreign delegates to various social institutions and agencies throughout the country, and to Association headquarters.

Through members of the Association's staff, the maintenance of constant active cooperation with sixteen national agencies dealing with protective and recreational measures has been continued, and much of the credit for the advances in these fields is due to the splendid efforts of the thousands of local members of these agencies from coast to coast, and from Canada to the Gulf.

In addition to the close and cordial relationships which have existed with the Playground and Recreation Asso-

ciation of America, the American Social Hygiene Association has been represented at most of the outstanding national and regional conferences on recreation during the year, and has encouraged provisions for social hygiene measures in the planning of programs.

Activities in the Medical Field

The year 1925 has witnessed many new efforts toward the consolidation and strengthening of the medical control of syphilis and gonococcus infection. The activities of health departments, both state and city, show that practical programs are the order of the day and that clinics and hospitals, doctors, nurses, and laymen have a clearer understanding of the coordinated medical attack upon these diseases. This continued growth of interest, and the desire to carefully check up on progress made, is typified by the following statement made some time ago by Dr. W. C. Blasingame of the Alabama State Department of Health: "We have watched closely for every development under this program. There are two results clearly evident: (a) an open mind among the public, both men and women, and a willingness to face this as a public health problem; and (b) a reduction in the incidence of these diseases of more than one-third. Our friends and critics alike are inclined to be skeptical as to the reality of this reduction. For some time we were also, but we are now convinced that the reduction is real."

The demonstration of the Association's specially prepared "Scientific Exhibit" to public health groups continues to be a most valuable portion of the medical measures program. During the past year this material has been demonstrated nationally to 10,000 physicians, medical students, nurses, and others interested in the problem of venereal disease control.

During the past year also, the Association has sent each month to every state venereal disease officer a circular letter discussing significant features of diagnosis, treatment, social service follow-up, and other phases of venereal disease control, accompanied by a reprint of some recently completed research or other timely material.

The response has been gratifying and many requests have been received for the continuance of this activity. The scientific material sent out with these letters has been supplied gratuitously by those carrying on the studies.

One of the outstanding and most valuable portions of the Association's program has been the development and direction of a number of cooperative projects which deal with various phases of venereal disease control. In several of these studies, greater New York has been used as a laboratory owing to the large and varied population group assembled there. The results are made available nationally. One of these studies was carried out with the Committee on Dispensary Development of the Associated Out-Patient Clinics of New York City, the purpose of this plan being to study social service follow-up methods among patients of private physicians. This study proved to be a most interesting one and the material is being organized for publication.

A second problem of research which was undertaken in cooperation with the Public Health Committee of the Medical Society of the County of Kings (Brooklyn, N. Y.), dealt with the care of the syphilitic patient in the private practice of physicians. This research is creating much interest and discussion among physicians and will be continued.

In connection with, and as a result of the interest aroused by the periodic health examination campaign, the Association joined with the Public Health Commit-

tees of the County of Kings in the preparation and distribution of two pamphlets relating to social hygiene, as a part of the study of follow-up methods seeking to increase the interest of the private practitioners in the field. The result of the distribution of these pamphlets has been excellent, and the Secretary of the Medical Society of the County of Kings reports that county societies throughout the United States are making use of these pamphlet suggestions.

In connection with the health demonstrations which are being carried on in Syracuse, in Catteraugus County, and in the Bellevue-Yorkville district of New York City, under the direction of the Milbank Foundation, this Association is cooperating in the planning and carrying out of a comprehensive social hygiene program. There is in operation a well conceived and practical plan of work, and before the five-year term of the demonstrations is completed it seems safe to predict that most valuable data will be organized showing the integration of social hygiene activities in the health program of the three units.

A further cooperative arrangement for the spread of social hygiene activities has been carried on for the purpose of developing social hygiene activities in connection with the program of the East Harlem Health Center. The work of the Health Center is in a densely populated district and is considered a most important health demonstration.

In this effort, social hygiene exhibits and motion pictures have been widely used by lecturers for popular education; hospitals and clinics have supplemented the efforts of the practicing physician to diagnose and treat cases of venereal disease; and the protective and recreational agencies of the communities are likewise cooperating.

The need for special social hygiene activities has been expressed many times by those carrying out programs of family case work, and frequent have been the reports of family dependency being caused by the incapacity of some member of the family through a venereal infection. As a result of the special studies of the Venereal Disease Committee of the Charity Organization Society, this Association has agreed to work with this Committee in stimulating the coordination of social hygiene agencies working in the City of New York. These activities are under way and there is every reason to expect fruitful results.

Another cooperative project which we feel will be productive of worth while results is with the State Board of Health of Tennessee. An outstanding feature of this program will be the developing of social hygiene activities in rural communities, with special attention to the operation and maintenance of clinics and follow-up of cases in the counties. Tennessee has at this time a number of county health units with full time director, and it is hoped that with a trained person whose entire time is devoted to the visiting of these centers and stimulating them, and carrying on social service work, a demonstration of the need for permanent service of this character can be made.

Dr. Ray Lyman Wilbur, as President of the American Medical Association, in his address before the annual meeting in June, 1923, made a statement to the effect that if syphilis in the pregnant woman could be eradicated, within a few years the toll of lives taken in the world war would be numerically compensated. Realizing the importance of this subject, the Association, in cooperation with the National Woman's Medical Association, has initiated a program to study measures for the discovery and treatment of syphilis in pregnant women in antenatal clinics. In the carrying out of this

research, the members of the National Woman's Medical Association in the various states will cooperate by visiting the prenatal clinics, conferring with city and state health officials, and collecting all available data relating to maternal syphilis. Several previous studies of this problem have been made but the observations were limited to racial groups or communities. It is expected that every state in the Union which has facilities for the care and observation of the pregnant woman will be included in this study.

During the summer the Association conducted a course in Social Hygiene under the auspices of the Columbia University Summer School. This is the fifth year that such a program has been carried on, and that it is of value and most worth while can be attested to by the fact that upwards of 100 leading physicians and other public health workers have taken these courses. One of the interesting features of this work this summer was the provision made for field trips to courts, clinics, hospitals, health departments, child-caring and relief organizations, and other institutions and organizations in whose work social hygiene problems bulk large.

To aid Negro physicians in studying the diagnosis and treatment of syphilis, a course of lectures and clinic demonstrations was arranged in cooperation with the New York Health Speakers Service. Cordial appreciation of this effort was expressed by the 12 colored physicians who took the course.

The "Report of the Scientific Researches on the Venereal Diseases," edited by Dr. Edward L. Keyes, which was published by the Association last year continues to be a popular booklet and the demand for it is on the increase. Requests have been received from all parts of the United States and from foreign countries. Copies of the publication have been sent to all of the medical libraries and medical college libraries in the United States and to a special mailing list of selected groups of physicians.

Legal Measures

It is particularly true in the field of legislation, that the accomplishments of one year are usually the results of arduous labors of prior years. Hence bills enacted into laws during 1925 in Rhode Island, West Virginia, Michigan, and New York are tributes to the Association's consistent and constant efforts over a period of years. The history of these four laws, briefly, is as follows:

1. Rhode Island—Injunction and Abatement Law. The Rhode Island League of Women Voters and the Association started a campaign for this legislation in 1920, and have brought it before each successive state legislature and before groups of interested citizens. The bill passed unanimously in 1925 and was signed by the Governor.

2. West Virginia—Injunction and Abatement Law. In 1922 the State Department of Health, concerned over the existence of segregated vice districts in West Virginia, invited the American Social Hygiene Association to make vice investigations so that communities might be informed of the facts regarding the extent of prostitution in their midst. The State Board of Health was advised that the Injunction and Abatement Law is a most effective measure for closing "red light" districts. The law was introduced in the state legislature in 1923 but failed of passage. At the Board's request a second vice investigation was conducted and the facts were given wide publicity, thus gaining support for the bill from Chambers of Commerce, the American Legion, Rotary and Kiwanis Clubs, and other influential organizations. An Association staff member was sum-

moned to West Virginia at the time of the joint hearing of both houses on the bill in the spring of 1925 and thereafter the bill was unanimously adopted and signed by the Governor.

3. Similar experience was had in Michigan with reference to a Prostitution bill which failed of passage in 1923 but was finally enacted in 1925.

4. A bill for a procedure to establish paternity and to require the maintenance, education, and support by parents, of children born out of wedlock until they reach the age of 16, was drawn up in cooperation with a large number of social welfare organizations of the State of New York for the State Child Welfare Commission. This bill failed of enactment in 1924 but was redrafted and enacted into law in 1925.

Other bills which have been introduced in various state legislatures—notably the vice-repressive bills in Florida, Missouri, and New York are receiving continued support from the Association, and there are good grounds for believing that they, too, will be enacted in the near future. The Association also gave earnest support to the Congressional appropriation for the Division of Venereal Diseases of the United States Public Health Service.

In addition to the state-wide vice investigations carried on in Rhode Island and New Jersey on request of state organizations, the Association's staff conducted many studies of local conditions at the request of communities, more than 90 cities and towns sharing in these activities.

The series of studies of so-called "morals courts," carried on jointly by the Association and the Bureau of Social Hygiene, together with a summary and recommendations, have been published by the Bureau in a volume entitled "Specialized Courts Dealing with Sex Delinquency." A study of the Vice Repressive Law in various states, carried on throughout the past two years in cooperation with the Committee of Fourteen, New York City, also was completed this year.

Cooperation with Federal agencies was continued. Of particular value was the work with the United States Bureau of Immigration throughout the final three months of the year in efforts to coordinate the activities of the Federal and state official agencies dealing with immoral aliens, so that their deportation might be facilitated.

National and International Cooperation

Most members of the Association's staff are serving as officers or are on one or more committees of other important national and international organizations. Through such service it is possible to gain for social hygiene a sympathetic understanding in these other groups, and to aid in the promotion of those measures which are of mutual advantage. Among the organizations in the United States which have honored the Association by such offices and committee assignments are the National Council of Women, National Woman's Christian Temperance Union, National Congress of Parents and Teachers, Federal Council of Churches, National Women's Medical Association, American Association of Social Workers, Order of DeMolay, and many others.

Internationally, cooperation has been continued with the League of Nations through its various sections, committees, and commissions, especially those related to the investigation and prevention of International Traffic in Women and Girls, and the Protection of Young Persons. The General Director has continued to serve during the year as chairman of the League's special commission which is studying international traffic in

(Continued on page 26)

A Review of the Progress of Obstetrics and Gynecology During the Year 1925

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During the year 1925 there has appeared, as usual, a vast number of clinical articles, a few of which may be said to mark real progress and, therefore, must of necessity add something of permanent value to our knowledge of Obstetrics and Gynecology. Contrariwise, there has appeared only a few papers of a real scientific nature by men of unquestionable research ability and laboratory skill and, consequently, these contributions mark a distinctive addition to our Specialty. Of the vast amount of clinical material that has been published this year only the "high spots" can be touched upon in the following review. Of the few real scientific contributions the most outstanding and important, not only in Obstetrics and Gynecology but in the entire medical world, is unquestionably that of Dr. Blair Bell and the Cancer Commission of Liverpool. The work of this commission bids fair to revolutionize our ideas about the cause and cure of cancer. Pause and think! After 200 years of research and study as to the Cause and Cure of this dreadful disease now to be told by a thoroughly reliable group (24 in all) of research workers, under the honest leadership of Dr. Blair Bell, that a cure of cancer is apparently in sight is, to say the least, most gratifying. Since Dr. Blair Bell is Professor of Obstetrics and Gynecology in the University of Liverpool, I am doubly pleased to call your attention to this epoch-making piece of work.

Cancer

In his address on the "Specific Character of Malignant Neoplasia" before the Academy of Medicine in Toronto, November 10, 1925, Dr. Blair Bell (*Lancet*, London, Nov. 14, 1925) gave a resumé of his views as regards Malignant Neoplasia. Without going into details, which by the very nature of the problem involved, would be far too technical in a review such as the foregoing, Dr. Bell points out the "Special Character of Malignant Neoplasia"—the nature of cancer—and then relates the physical and biological chemistry of how and why lead was found to be antagonistic (deadly) to the cancer cell. In short, Dr. Bell and his group of workers have found that the intravenous injection of lead is specific in the destruction of Malignant Neoplasia. In the concluding paragraph of his address we find the following statement "in the search for a substance that will arrest or have a specific lethal action on cells which possess the chemical constitution associated with malignancy, we have found only lead. This metal is specifically active in regard to the cells of cancerous growth, to normal embryonic growth, and to mature cells rich in phosphatids."

Except the work of the Cancer Commission of Liverpool, which is still more or less in statu quo, there has not appeared anything of exceptional value as regards Cancer. As usual the cause of cancer has been "discovered and published in the lay press," which usually always means that nothing has been "discovered." Except under very unusual circumstances, a scientific fact is only discovered by years and years of diligent intensive study and, therefore, no real scientist would care to publish his results in the daily newspapers, whose purpose is to distribute news and entertain those who do not think or perhaps those who read the morning paper and "think" afterwards. But true or not true,

the fact remains that like our "kin cancer is always in our midst" and we have, therefore, to keep doing all we can to relieve those that come to us with this terrible disease.

The incidence of uterine and cervical Cancer is still on the increase, despite the Crusade of Prevention that has been in progress for the past few years. Early diagnosis is still the keynote of successful cure.

Schmitz (S.G. and O. Dec., 1924) gives some very interesting data in the report of his 5 years end-results with surgery, radium and X-ray, or combination of all three, in 734 cases of carcinoma of the female pelvic organs. In this series, there were 584 primary and 150 recurrent carcinomas. All of the 734 cases were subject to radium and X-ray at some time during their period of treatment. Two hundred and forty-three or 19.4 per cent of these cases have now passed the conventional 5 year period.

In the grouping of his cases, Schmitz has made it very clear the kind of case each form of treatment applied to. For example: Group I, cases had radial surgical excision; Group II, radium and X-ray and later excision; Group III, radium and X-ray; and Group IV, palliative medicinal treatment. His observations on the efficacy of surgery and radiation are: (1) "Surgery is the method of choice in Group I cases. Poor surgical risks are treated with the combined radium and X-ray method of treatment."

(2) "If surgical treatment is used in the Group II cases, it should be preceded by the application of radium and X-ray. Radiation therapy, without subsequent surgery, gives better permanent results in cervical cancer."

(3) "Radium and X-ray therapy is the method of choice in the clearly inoperable and advanced cases were anatomically healed and subjectively well at the end of 5 years. If we exclude the hopeless cases of Group IV, the percentage is 7.4."

(4) "It is useless to treat the Group IV cases with massive doses of radiation with the intention of healing. Such cases should be treated symptomatically to arrest bleeding, discharge and pain."

Ward and Farar (*J.A.M.A.*, July 18, 1925) in the "Radium Treatment of Carcinoma of the Cervix Uteri" report their End-results, after 5 years, in 154 cases. One hundred and thirty-nine (Primary) were treated with radium alone, 12 (Primary) by radium and operation and 3 (secondary) by radium alone. They used Schmitz's Classification. There was a primary mortality of 1.6 per cent for the radium cases. The percentage of patients with primary carcinoma of the cervix treated with radium alone, living five years or longer, was 52.9 per cent in this series.

Their conclusions follow:

1. We believe that the initial dose of radium should be a test dose to ascertain the reaction of the malignant growth and of the normal tissues to radium activity.

2. It has been our aim to give only a dosage sufficient to inhibit the tumor growth and to produce scar tissue in the cervix and adjacent structures. It is by this production of dense scar tissue that the blood vessels are occluded and the cancer cells starved and isolated.

3. The surgeon himself should be acquainted with the clinical progress of the reaction to radium going on in the cervix.

4. Regular monthly visits on the part of the patient and personal inspection by the surgeon himself are absolutely necessary to check the renewed activity of the malignant growth in its incipience by subsequent radium treatment.

5. We believe that, if we succeed in arresting the progress of the disease by inhibiting the growth and walling in and imprisoning the cancer cells in cicatricial connective tissue, we are exposing the patient to greater risk in opening up these barriers by the necessary trauma incident to a hysterectomy, and feel that we may do better for our patients if we rely on radium alone in view of our own statistics and those reported by other clinics.

Benign and Malignant Endometrial Implants in the Peritoneal Cavity and Inguinal Hernia

One of the most important and far reaching studies from both the pathological and clinical standpoint—is that of Sampson's on "Benign and Malignant Endometrial Implants in the Peritoneal Cavity, and their Endometrial to certain Ovarian Tumors" (*S.G.&O.*, March, 1924). There is not a comparable treatise on the subject in existence. Sampson's observations are original and bid fair to add a new chapter to our understanding of certain pelvic lesions, which have hitherto been entirely overlooked or if present misinterpreted.

The pathological conditions arising from the implantation epithelium, which escapes from the uterus through the fallopian tubes or from the mucous membrane lining the tubes into the peritoneal cavity, probably furnish the most frequent pelvic lesions found in females between the age of 3 years and the menopause. He found 64 patients out of 296 operations, for the year ending May, 1923, that exhibited positive evidence of pathological lesions arising from implantation of tissue through or from the fallopian tubes. These epithelial implants may lodge and grow upon any or all of the pelvic structures, the surface of the ovaries being a frequent site. Once grafted, upon the surface of any of these structures, they develop into gland or tubules (adenomas) of endometrial type. "The primary peritoneal implantation adenomas are usually small and insignificant, but may spread and become invasive. The implantations on the ovary invade the tissue of that organ as a result of their reaction to menstruation, develop hematomas (hemorrhagic or menstruating cysts) of endometrial (Mullerian) type.

When such hemorrhagic cysts, so-called chocolate cysts, rupture by perforation or otherwise, allowing their contents to empty into the pelvic cavity, implantation may take root and grow wherever they happen to land. Thus the ovary may be considered the intermediary host or incubator or "hot bed" in the origin of these secondary implants, which, sometime may possibly impart greater activity to the epithelium developing in it. But the ovary need not necessarily be the intermediary host of all implantation adenomas of endometrial type for they can occur as primary growths elsewhere within the peritoneal cavity.

Continuing the author says, "These implants and the endometrial structures arising from them react to menstruation, pregnancy and the menopause, in the same way as does the mucosa lining the uterine cavity. They are thus governed by the same natural laws as the latter and we would infer that they are liable to similar pathological changes. I am convinced that malignant ovarian tumors may arise in these benign endometrial structures in the ovary and also in the benign peritoneal implants.

Furthermore, bits of malignant tissue from malignant endometrial tumors also at times escape from the uterine cavity through the tubes and give rise to peritoneal and ovarian implants. The latter may develop into malignant ovarian tumors."

In the management of these ovarian and peritoneal implants, the author advises the following rules:

(1) A patient in whom cancer of the body of the uterus is suspected should be examined with great care and gentleness.

(2) The diagnostic curettage should be employed only in doubtful cases or poor operative risks, and if used should be done very gently.

(3) Radium should not be used, as the insertion of the capsule containing the radium acts as the plunger of a piston syringe, forcing contents of the uterine cavity into the tubes.

(4) Abdominal hysterectomy with the least possible manipulation of the uterus, and the closure of the channels through which material may escape from the uterus into the field of operation, offers the best chance for a permanent cure. The fimbriated ends of the fallopian should be first ligated; the ovarian vessels, round ligaments, and uterine vessels should be doubly ligated, cutting between the ligatures; the vagina should be clamped below the cervix and carefully cleansed before severing the vagina below the clamp and removing the uterus.

Non-Specific Protein Therapy in Obstetrics and Gynecology

There has been much written and more said during the past few years regarding protein therapy. That it is destined to play a very important role in the treatment of a great number of human ailments, there can be no doubt. Already there are those who believe that most acute and chronic infections—save those few that are acutely surgical from the very beginning—are amenable to specific protein therapy. The Germans, notably Lindig, E. F. Mueller, Dolderlein, von Jaschke, R. Schmidt, etc., have long believed in and practiced protein therapy and have published some of the best work along this line of treatment. In America, Jobling and Petersen, Barkan and Nelson and Gellhorn have contributed valuable information.

Gellhorn (*Amer. J. Obst. and Gyn.*, 8:535, Nov., 1924) in his very convincing article states that because such a large number of subacute and chronic pelvic infections can be cured without the usual mutilating operations, protein therapy should be looked upon as one of the most important advances of modern medicine. Not all parts of the infected genital tract respond equally well to non-specific protein therapy. The tubes, the uterus, and bladder are much more favorably influenced than the ovaries. Exudates are caused to disappear or else a circumscribed suppuration is hastened so that incision and drainage can be instituted. Adhesions are not affected. Gonorrheal infections in the cervix are not hit by the treatment and likewise gonorrheal foci in the urethra and rectum.

In obstetrics protein therapy has always yielded some very satisfactory results. In all forms of puerperal sepsis, protein therapy should be begun at the earliest possible minute, for certainly it enhances the individual's power of resistance and no one doubts today that the prognosis in this form of infection depends on just this factor. Puerperal pyelitis has been treated with success by milk injections and likewise also it has been used as a galactagogue.

In concluding the comment on non-specific protein

therapy, the reviewer can do no better than quote Petersen (Macmillan Co., N. Y., 1922): "Needless to say non-specific therapy does require judgment, careful attention and bedside study on the part of the physician, perhaps in greater measure than any other therapeutic measure. It should never be a routine; to be useful it must be an individualized therapy, with dosage and preparation and time of application varied according to the disease, its intensity, its duration, and the resistance of the patient. So used, non-specific therapy should prove to be one of the most useful measures both in acute infectious diseases and chronic inflammations."

Ovarian Transplantation

The surgeon of today must not only be an Anatomist, but a Physiologist as well, for under the tremendous struggle for existence the preservation of function must assume "front rank" importance. The preservation of Ovarian function is no exception to this general surgical dictum.

In all operations for chronic pelvic inflammatory disease, including innocent neoplasms of the ovaries, the surgeon is confronted by the threefold proposition, viz.: (1) the removal of the diseased tissue; (2) the preservation of menstruation; and (3) the restoration of preservation of opportunity for pregnancy. Nothing less than an honest sincere desire to accomplish these end-results should be in the mind of the operator.

All methods employed for implanting, transposing or transplanting ovarian tissue have the same purpose in view—that of preservation of the menstrual function—but the end-results seem to vary with the method employed and the technic used in placing the transplant. Blair Bell (*S.G. & O.*, Dec., 1925) says that "it is generally conceded that to secure a functional result the procedure should always be autoplasmic, that is ovarian tissue from the patient herself must be transplanted. Homoplastic grafting with ovarian tissue from another woman is very rarely effectual; and Heteroplastic ovarian implantation with tissue from another animal is useless." The author has transplanted ovarian tissue in a total of 187 cases and has obtained a functional result in 80 per cent of the cases. Menstruation occurred in 66.3 per cent of the cases when a part or all of the uterus was left in situ. Seventeen per cent of all cases showed absolute failure so far as functional result was concerned.

Professor Theodore Tuffier of Paris has performed some 245 of these operations during the past 20 years and has obtained some astounding results. His latest work on "Transposition of the Ovary With Its Vascular Pedicle into the Uterus after Salpingectomy" (*S.G. & O.*, Oct., 1924, p. 401) is a report of 23 such operations for the year ending January, 1924, 21 of which Tuffier considered successful in every respect. He believes that this method of transposing an ovary with its pedicle into the uterine cavity in order to preserve menstruation and the possibility of impregnation in women who have undergone double salpingectomy is justifiable and should be done whenever indicated.

From the above, therefore, it would seem that "ovarian transplantation is a procedure no scientific gynecological surgeon can afford to neglect." It only remains for us to use our best judgment in selecting the proper cases and endeavor to perfect a better technic and thus, in the future, we shall be better able to prophesy a successful result.

Operation or Irradiation in Uterine Fibromyomata

In the treatment of uterine fibro myomata, it is well for all of us to remember that uncomplicated small or

moderately large fibroid tumors, that produce few or no symptoms, need no treatment except observation. When the time does arrive for active treatment there are at least three ways of handling these tumors—viz.: (1) Myomectomy; (2) Irradiation; (3) Hysterectomy, with or without the conservation of ovarian tissue.

Clark & Block, (*Am. Jour. Obst.*, Oct., 1925) give a most masterly presentation of the present status of the management of fibro myomata. The surgical treatment, in their hands, showed a mortality in 75 cases of 1.1 per cent while by irradiation with radium in 54 cases there was no mortality and 92.3 per cent were cured. From these very excellent results, it may be seen that both methods of treatment are perfectly good and the crux of the whole situation, therefore, is a matter of judgment on the part of the operator. Briefly, says Clark, the contra indications to irradiation are: (1) Tumors larger in size than four months' pregnant uterus. (2) Tumors complicated by adnexal disease either neoplastic or inflammatory. (3) Tumors causing pressure symptoms, which respond too slowly to irradiation to give quick relief. (4) Cachexia out of proportion to the blood loss, which is suggestive of necrosis of the tumor. (5) Large submucous tumors. (6) Rapid growth of the tumor. (7) Patients under thirty-five years of age, except in occasional cases.

The conclusions formulated from this study are:

1. The treatment of uterine fibromyomata should be undertaken only by those who are thoroughly familiar with the operative as well as the irradiation method of treatment.

2. The mortality of radium irradiation in properly selected cases has been nil and satisfactory results will be obtained in about 90 per cent of the cases after one treatment.

3. The mortality of uncomplicated uterine fibroids subjected to operation is rapidly approaching the vanishing point, and is nil in this series.

4. The mortality in complicated cases subjected to operation is 3 per cent, but the mortality of our entire operative series varies from 0.7 per cent to 1.4 per cent, depending on cases included.

5. The mortality of the entire series of 422 cases, irradiated or operated upon, varies from 0.47 per cent to 0.7 per cent according to the method of calculation.

6. The end-results of operation are satisfactory in about 95 per cent of cases.

7. The mortality and morbidity of fibroid tumors of the uterus are usually due to complicating lesions.

The Internist in Obstetrics and Gynecology

The prenatal clinic, an integral part of every maternity service, is the one "big step" forward as regards prophylaxis in present obstetrics. The fact is today that any obstetric hospital or maternity service of the general hospital that does not have a competent practical internist and co-operative pathologist, as regular members of its attending staff, is not performing its entire duty to the community that it serves.

Herrick (*Amer. J. Obst. and Gyn.*, 8:479, Oct., 1924) points out very clearly, that medical men can contribute considerable in the manner of treating the obstetric patient in at least three classes of cases—viz. (1) those presenting infections; (2) those presenting cardiac lesions; (3) those presenting the toxemias. In the acute infections, the pregnancy is disregarded altogether and the infection is treated in the usual established manner. Of course abortion or miscarriage should be presented when possible. The patients with lung tuberculosis should be watched very carefully through-

out pregnancy. If such lesions should become active, abortion should be performed up to the fourth month of pregnancy, but interference with pregnancy beyond this period is contra-indicated, except in extreme cases. Usually there is less danger in allowing the pregnancy to proceed to term or near term, making the delivery as easy as possible, and insisting on the proper treatment of the lung lesion following the post-partum period. Nursing should never be allowed.

When pregnancy is complicated by syphilis, treat the syphilis and disregard the pregnancy. The cardiac cases require strict supervision and in many instances hospitalization. Likewise the toxemia cases must be carefully studied by the "obstetric trio" and an accurate diagnosis arrived at the earliest possible moment.

Prevention and Treatment of Puerperal Sepsis

In his paper "The Use of Mercurochrome in Obstetrics" (*Amer. J. Obs. & Gyn.*, July, 1925), H. W. Mayes says, "The annual mortality from childhood in the United States reaches the appalling total of twenty-five thousand, and about one-third of this loss is due to puerperal infection. During 1924, in the city of Greater New York, there were 130,436 births reported, with 240 cases of puerperal sepsis. The deaths from the same cause were 128. One mother in every 1018 delivered, lost her life from infection due to childbirth. This is still one of the unsolved problems of medicine, for, quoting De Lee, one woman in every four hundred who is delivered at term, succumbs to this disease, and ten times this number are left incurable invalids."

It would seem from the foregoing statement that any antiseptic that would reduce the incidence of puerperal sepsis should have serious consideration by every physician doing Obstetrics, as well as every specialist in Obstetrics. Mayes has shown quite conclusively that by the judicious and careful use of mercurochrome—220, according to a standardized iron-clad technic, morbidity, due to intrapartum infections, can be practically eliminated. Thus far, he believes, mercurochrome—220, when properly used, is the most efficacious germicide that has yet been used in obstetrics.

E. B. Piper, who did the pioneer work in the intravenous use of mercurochrome in puerperal sepsis, summarizes his present day views on this subject in "A Summary of the Present Status of the Intravenous Use of Mercurochrome." (*Amer. J. Obs. & Gyn.*, Sept., 1925). Here the author emphatically states that too much has been expected of intravenous mercurochrome especially as regards the blood stream infections. Bacteremia, and more particularly septicemia, are conditions that call for heroic treatment and no matter what is done, the majority of these women succumb. In conditions other than septicemia, definitely good results have been obtained. In the hemolytic streptococcus group mercurochrome has not helped. The author continues with the following "up to very recently, I have advocated this method of treatment in cases of proven blood-stream infections, and occasionally in local infections, in the latter in smaller dosage. I now believe that better results will be obtained where smaller dosage is used in those cases in which we are fearful that a septicemia will ultimately result." He calls attention to the ill effects of its indiscriminate use and warns the enthusiasts of the possible harmful results, in large dosage, upon the kidneys, intestines and liver. Surgical eradication of foci of infection, must always be done when indicated. The resistive powers of the body can never be improved sufficient to cause the patient to recover unless the source of the infection is removed to or at least reduced to a minimum.

His conclusions are as follows:

1. This treatment is not unattended by danger.
2. Were we able to give larger doses safely, we could unquestionably temporarily sterilize the blood stream.
3. The use in smaller doses, as a prophylactic measure, both in the puerperal state and in other conditions where septicemia is eminent, should have careful consideration.
4. Its use in puerperal septicemia per se, is most discouraging, though there have been some good results.
5. In spite of various investigators who contend that the penetrability of some synthetic preparation will eventually solve this problem, I am of the opinion that there is some other, at present unknown, factor, which must first be determined before we may successfully eradicate blood-stream infection.
6. No intravenous medication will avail without common sense surgery.

Polak (*Amer. J. Obst. & Gyn.*, Oct., 1925) discusses the value of certain chemical, eg. acriflavine, gentian violet and mercurochrome—220 soluble in the treatment of puerperal infections. He believes that patients supposed to have recovered, as a result of the employment of injections of these chemical solutions, would have done as from the intravenous injection of any foreign or protein substance. It is a well known fact that such intravenous medication will always raise the leukocyte resistance temporarily but does not maintain it for very long. The puerpera, who recovers from a puerperal infection whether it be in the blood stream or in the local tissues, does so as a result of a reaction sufficient to inhibit the further growth of the bacteriol invader. It has been shown, experimentally and chemically, that these dyes in a concentration of 1:10,000, which is the highest concentration compatible with life, irritate the liver, kidneys and heart and this results in a definite pathologic in each of these organs; that the intravenous use of these dyes will give only temporary increase in the leucocytosis; and that this increase is not maintained for a longer period than 24 hours. On the other hand, blood transfusion increases the cellular elements of the blood; increases its alkalinity and the alkalinity of the tissue fluids and this in turn increases the reaction against bacteria; and, furthermore, improves the function of the several eliminative organs.

The Sedimentation Test in Obstetrics and Gynecology

Baer and Reis in their article "The Sedimentation Test in Gynecology and Obstetrics" (*S. G. & O.*, May, 1925) call attention to the fact that Galen described such a test and that John Hunter in 1791 noticed that the speed of sedimentation varied in different specimens. Originally, Galen called attention to the fact that blood from a patient suffering from any inflammatory disease, if allowed to stand, would separate out into two portions—one serum and one erythrocytes, forming thereby the "crusta phlogistica." At irregular intervals, since the time of Galen, scientific investigators have revived interest in this phenomena. In 1907, Fahraeus, quoting from Baer & Reis, made the observation that if citrated blood from a pregnant woman was allowed to stand in a tube, the erythrocytes will separate from the plasma and settle to the bottom of the tube. The rate of this "settling down" or sedimentation time of the cells varies in different stages of pregnancy. Later Fahraeus and following him, sometime later, Linzenmeier studied this phenomena in relation to all forms of pelvic pathology with especial reference to the inflammatory lesions.

Beginning here Baer and Reis began their work of reviving this very interesting and suggestive work upon

the "Sedimentation Test." The sedimentation time or rate, without going into the technic of how it is performed, is "the number of minutes required for the red blood cells to separate from the plasma of citrated blood."

Their conclusions are:

1. The sedimentation test is apparently of no value in the early diagnosis of pregnancy.
2. The sedimentation test is useful in determining the presence or absence of infection in the body. With pelvic pathology, a negative sedimentation test (a sedimentation time over 2 hours) conclusively rules out pelvic infection.
3. The rate of sedimentation is directly proportional to the virulence of the infection.
4. The test is a further aid in determining the safe time for operation.
5. The sedimentation test seems a more delicate prognostic index, good or bad, than either the leucocyte or temperature curve.

The test is comparatively easy to perform and if Baer and Reis are correct in their conclusions, it will add another laboratory procedure of real value to the ever increasing number already known.

X-Ray in Obstetrics

The development of obstetrical roentgenology, in the past, has been very materially retarded by the lack of physical instruments necessary for rapid exposure and brilliant clear cut roentgenograms and by the fear of causing damage to the developing fetus. More recently, however, these retarding influences have been more or less eliminated for the Roentgenologist, working in co-operation with the Obstetrician, has overcome the technical difficulties, to a very large degree, so that good roentgenograms of the pelvis and fetus can now be taken. True it is that the process is still too difficult for general use but it can be done and like a great many other highly technical and laborious procedures, if done often enough by a number of enthusiastic men, sooner or later become comparatively easy of performance. Furthermore, regarding the effect of the X-rays, used for purely diagnostic purposes, up on the fetus is, at present, known to be harmless. With these very important obstacles removed the X-ray in obstetrics should come into more general use. And why not? Accurate pelvic measurements and the relative size of the fetus can be more definitely determined than by our present methods. Furthermore, such conditions as auencephaly, hydrocephalus, abdominal pregnancy, breech presentation, multiple pregnancy, malformations of the fetal skeleton and fetal death. (H. P. Doub, *Am. Jour. Roentgenol.*, 1925, XIV, 39—Thoms, H., *J. A. M. A.*, 1925, LXXXV, 253.)

Toxemia of Pregnancy

While proper prenatal care has done much to reduce the incidence of the severe late toxemias of pregnancy and eclampsia, there has not been a single new fact discovered regarding the primary cause of toxemia of pregnancy and eclampsia. The fact is that by prevention we are practically able to eliminate eclampsia and, therefore, need not be so much concerned about the cause. Teaching institutions today are having great difficulty in finding sufficient number of cases for demonstration to students. We, therefore, believe, with G. B. Miller (*Amer. Obs. & Gyn.*, Jan., 1925) that no woman under the care of a physician should die of eclampsia. The maternal morbidity, as well as mortality, has been very materially reduced by the discovery, early in pregnancy, of the signs of toxemia. The fetal mortality, likewise, has been markedly reduced for by closely following the

toxic mother delivery can be performed before the stage of greatest danger to the child is reached.

In the treatment of severe toxemia of late pregnancy and eclampsia, besides the prophylactic, we must consider the conservative and the operative methods. The conservative method (modified Stroganoff) is the method of choice today. To be sure, there are those radicals who "swear and tear" until the fetus is delivered believing that the presence of the fetus is the sole cause of toxemia. McPherson, at the New York Lying-In Hospital (*N. Y. State Jour. Med.*, Jan. 16, 1925) was, by conservative methods, able to show an 8.6 per cent maternal mortality in 116 cases; while by the operative (radical) method in 250 previous cases the mortality was 30.8 per cent. Certainly a striking difference in favor of conservatism. It might be said in passing that the usual mortality in eclampsia in general varies between 20-25 per cent, while the fetal mortality is between 30 and 50 per cent. These figures, of course, include the results of all forms of treatment by a great number of different individuals.

Summarizing we may well agree with McPherson, and add his conclusions:

1. The convulsive toxemia of pregnancy is a condition of whose exact cause we are unaware.
2. The toxemia is divided into two groups: (a) The pre-eclamptic stage; (b) The stage of convulsive seizures.
3. We can by careful watchfulness and intelligent supervision, largely prevent the condition from becoming severe, or from occurring at all.
4. When it does occur, rough operative procedures do not give as satisfactory results, either for mother or child, as does more conservative medical treatment judiciously combined with the gentler and less traumatic forms of operation.

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Local Anesthesia in Neurological Surgery

Charles E. Dowman says local anesthesia in extensive brain operations allows a broader margin of safety than general anesthesia. The average extensive brain operation under general anesthesia is usually productive of more or less shock. The prolonged anesthesia and the loss of blood are perhaps the greatest factors in producing shock. Under local anesthesia the patient rarely if ever shows evidence of shock. The usual experience is to have the patient leave the table with the blood pressure and the pulse practically the same as before the operation.

In operations on the spinal cord local anesthesia should be combined with gas oxygen or ether anesthesia after the spinal cord has been exposed.

In operations on the peripheral nerves, local anesthesia can be most satisfactorily used. The nerve is exposed by the infiltration method and anesthetized by injecting the solution within the nerve sheath. After a thorough nerve injection the lesion below the injected area can be operated upon without causing either shock or discomfort.—(*Am. Jour. Surg., Anesthesia Supplement*, 1925, xxxix, 74.)

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(Concluded from page 9)

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Medical Progress Number

We are especially proud of this, our Medical Progress Number for 1924. A composite picture of the great sweep forward in medicine that a single year witnesses is portrayed with exceptional vision by men who have themselves participated in the tremendous cycle.

When one gets this sort of a perspective of the art of medicine one ought to wonder why, living as we do in such a mighty fortress of science, one has ever been unduly perturbed about the rats and jackals that seek to encroach upon its precincts. True, one should give a reasonable amount of thought and action to the abatement of such nuisances, as a public health proposition; but we fear that at times one is unduly perturbed.

This can only be because of an intellectual amblyopia or amnesia that assails us when our spirits are low and ghoul's tear at the gates of the citadel. When the psyche is normal it properly senses the dynamic significance of our guild and its foundations and defenses.

Such a Medical Progress Number as this serves to cure baseless perturbations. Taking stock of the vast medical resources of the world we find that we are in control of all the precious gold. The "capital" of the underworld of quacks is to be metaphorically reckoned in terms of the baser metals and in counterfeit currency. Misguided folk do business with the latter at a great cost of health and of life itself. They invite the scythe of the ghastly reaper while Hygeia sustains and restores the wise.

Post-Graduate Talks by Radio

To what extent should it be feasible to employ the

radio in post-graduate medical education? What are the "contraindications" to it, if any? Does it offer a real or partial solution of the problem? Has not Columbia successfully broadcasted certain university courses?

Why should it not be possible to tune in on a certain wave length at 5 P. M. every Friday afternoon, in one's own home, and listen to local or imported talent, instead of going to the County Society rooms to hear the same thing?

Country-Club Hygiene

In a number of country clubs it is a custom to leave in the dressing room or the shower room or some other place a number of safety razors, with shaving cream, all ready for anyone who wants to use them, and these are patronized very freely by different members.

And yet it is safe to say that the same men who use such razors would never think of wetting their fingers with saliva when counting paper money. In other words they have reached a high degree of hygienic enlightenment in one direction, while benighted in other directions.

When one goes into a bank, one expects to see perhaps a majority of its patrons transfer filth and bacteria from soiled bills to their mouths by means of saliva-moistened fingers. One would note that the depositors of what might be called the country-club class did not so count their money. Somehow or other one would expect, upon going into a country club, to see no one shaving with promiscuous implements.

This partially enlightened minority has still to go through several stages of hygienic evolution.

We should have the most hope for the guilty club member who would most resent these remarks, since psychologically such a reaction would reveal a subconscious desire to appear to the world as one beyond reproach on the score of cleanliness.

"Skilled Parents"

Dr. Hornell Hart, Professor of Social Economy in Bryn Mawr College, thinks that parents will yet have to be licensed like plumbers and barbers when capable of discharging their duties. Even the children of college graduates are generally thinner for their height than are those of the artisan class, according to the Professor. He believes that children are entitled to "skilled parents," and therefore he suggests the licensing method of obtaining them.

In these days of standardization and efficiency it is passing strange that some such system as the Professor proposes has not been inaugurated. Columbia University is giving courses in everything from manicuring to optometry. Why not tuition in parenthood, and why not licensing boards?

It is vastly more important that a parent should be licensed than an osteopath or a junk dealer.

What's wrong with the sociologists, experts and publicists? If they cleaned up at the source they would not have to fuss about child labor, juvenile delinquency, the slums, infant mortality and a host of other things.

O come-all-ye-optimists; bestir yourselves!

Volsteadized Sleep

Tests on students at George Washington University would seem to indicate that sleep is nothing more than a detoxicating process.

According to the experimenters our sleeping habits are badly regulated. It should be possible to cut down the hours of sleep to six a night. We should learn how to work our sleeping mechanisms faster, so as to obtain

a hundred units of slumber in perhaps half the time required by the untrained.

The long length of time that some people sleep is largely a matter of habit. Sleep has not only length, but depth. If you sleep deeply enough—fast enough—you do not need to sleep so long.

Instead of utilizing sleep as a detoxicating process we make it a means of intoxication, in the sense that what should be a normal physiological state becomes a kind of prolonged coma.

Deprivation of sleep, it seems, as in long periods of enforced insomnia, such as were kept up in the students, greatly increases the storage of poisons, as shown by blood changes. A short period of sleep suffices for detoxication.

If all this is true the prohibitionists should see to it that the Volstead Act is amended, so as to bring intoxication due to excessive sleep under the ban. One of the experimenters, indeed, did suggest that a reduction of sleeping hours would increase the productiveness of humanity enormously, and since prohibition owed its inception, in great part, to the notion that it would increase industrial productivity, it is most logical that the enforcement act should be made to cover all forms of intoxication making for lessened industrial output.

Miscellany

CONDUCTED BY ARTHUR C. JACOBSON, M. D.

Aldous Huxley on Psychoanalysis

The sciences of phrenology, physiognomy, and animal magnetism seem to us nowadays strange and comical enough. We have lost faith in the lump of philoprogenitiveness; and to explain the phenomena of hypnotism and suggestion we need not have recourse to a caricature of the theory of magnetism. A hundred years ago, however, the people who took what is called—quite without irony—"an intelligent interest in science," were mostly enthusiastic admirers of Laveter, Gall, and Mesmer. Balzac, for example, believed most earnestly in their doctrines, and the *Comédie Humaine* abounds in pseudo-scientific expositions of the theory of bumps and phizzes and magnetic fluids.

Reading them now, we marvel—with a superior smile,—how a sensible man, to say nothing of a man of genius, as Balzac was, could believe such fantastic balderdash and, queerer still, imagine that it had anything to do with science. That sort of thing, we reflect complacently, would not be possible in our enlightened age.

But, alas, it is possible. The vague and earnest-minded dilettanti who, in 1925, like to think of themselves as taking an intelligent interest in science, have discovered for their special delectation something quite as silly, easy, and inexact, something at the same time quite as amusing, quite as excitingly and alluring "philosophical" as the theories of Gall and Mesmer. Phrenology and animal magnetism have gone the way of black magic, alchemy, and astrology. But we need not regret their loss, the ghosts of our ancestors have no cause to pity us. Indeed, we might almost be envied. For we have got hold of something even more entertaining than phrenology. We have invented psycho-analysis. . . .

The subject of all pseudo-science, from magic to animal magnetism, from astrology to psycho-analysis, has always been Man—and Man in his moral nature,

Man as a suffering and enjoying being. The reason is not far to seek. Man, the center and in a sense the creator of our human universe, is the most spectacular and exciting subject that can be studied. Moreover, we all know about Man, or think we do; no preliminary training is necessary before we begin our study. A science of Man presents itself as the shortest of all possible cuts to absolute knowledge, hence the invariable subject matter of the pseudo-sciences. . . .

The pseudo-science of psycho-analysis is one of the finest specimens of its kind ever devised by the mind of man. This fact is sufficiently well attested by its prodigious popularity among all classes except the scientific. And when we come to analyze it we find that it does, as a matter of fact, possess all the qualities that a pseudo-science ought ideally to have. To begin with, it deals with man in his moral nature. In the second place, no special education and no remarkable intelligence are required from its students. No painful mental effort need be made in order that we may follow its arguments; or, as a matter of fact, are there many arguments in the strict sense of the term to follow. Any one with the faith that can accept unsupported statements as facts, with a feeling for the significance of symbols and the more logical force of analogy can study psycho-analysis. And the science has other and more positive charms. For the neurasthenic it offers cures; it is, as it were, a tremendously high-class patent medicine. And for those interested in the blushful mysteries of sex—and who, after all, is not?—it provides a mass of anecdotes and theories of the most fascinating character. If it could only incorporate into itself some method for foretelling the future, some miraculous recipe for making money without working, psycho-analysis would be fully as complete a pseudo-science as astrology, magic, or alchemy ever were. In time, perhaps, these improvements of the theory may be made; psycho-analysts are resourceful and inventive folk. Meanwhile, take it even as it stands, it is incomparably superior to animal magnetism, phrenology and the X-rays, and only inferior to the most grandiose creations of the anti-scientific mind.

My own profound disbelief in psycho-analysis began when I first read many years ago now, Freud's work on the interpretation of dreams. It was the machinery of symbolism, by which the analyst transforms the manifest into the latent dream-content, that shook any faith I might possibly have had in the system. It seemed to me, as I read those lists of symbols and those obscene allegorical interpretations of simple dreams, that I had seen this sort of thing before. I remembered, for example, that old-fashioned interpretation of the Song of Solomon; I called to mind those charming bestiaries from which our ancestors in the Middle Ages used to learn a highly ethical brand of natural history. I had always been doubtful whether the leopard were really a living symbol of Christ (or, as other bestiaries affirmed, of the Devil). I had never, even in infancy, wholeheartedly believed that the amorous damsel in the Song of Songs was, prophetically, the Church and her lover the Saviour. Why should I then accept as valid the symbolism invented by Dr. Freud? There are no better reasons for believing that walking upstairs or flying are dream equivalents of fornication than for believing that the girl in the Song of Solomon is the Church of Christ. In one case we have the statement of some pious theologians that an apparently scandalous love song is really, if we will but interpret it in the right way, the expression of an innocent and, indeed, positively commendable aspiration towards God. In the other case we have a

doctor asserting that an innocent action in a dream is really, when we interpret it properly, the symbol of the sexual act. Neither adduces a proof; each leaves us with a bald and unsupported statement. In either case, it is only those who have the will to believe who need believe; there is no evidence to compel assent from the skeptic. That anything so fantastic as this interpretation by symbols (which are made to mean anything whatever according to the taste of the analyst) should ever have been regarded as possessing the slightest scientific value, is really quiet unbelievable. It may be remarked in passing that while all psycho-analysts agree in

regarding dreams as being of first-class importance, they differ profoundly in their methods of interpretation. Freud finds suppressed sexual wishes in every dream; Rivers the solution of a mental conflict; Adler the will to power; Jung a little bit of everything. The psychoanalysts seem to live in that marvelous transcendental world of the philosophers, where everyone is right, all things true, every contradiction reconciled. They can afford to smile down pityingly at the practitioners of other sciences, who crawl about in a muddy world where only one or two contradictory alternatives can be true at a given moment.

The Dispensary in 1925

ALEC NICOL THOMSON, M.D.,

SECRETARY, PUBLIC HEALTH COMMITTEE, MEDICAL SOCIETY OF THE COUNTY OF KINGS

Brooklyn, N. Y.

The year has been marked by increased recognition of the needs of the ambulatory patient. Such recognition is but the reflection of the change occurring in medical practice. No longer do beds have to be reserved for the typhoid season's "peak load" in the hospital. On the contrary, the bed is available for the study of the diabetic, cardiac and nephritic case as one phase in the cycle of care given the patient—a cycle which begins and continues in the out-patient department.

Private and public practice are reaching forward to the newer fields of preclinical medicine, exemplified by periodic "health" examinations of apparently normal persons, preventive measures of sanitation and personal hygiene, inoculation and vaccination against specific disease, correction of minor defects, and the like. The field of medical practice is more and more revolving around the ambulatory patient. In public practice the development of the dispensary and in private practice the enlargement of office work has resulted.

This change is indicated by an increase in the past 25 years of over 4,000 dispensaries in the United States. It is difficult to arrive at any truly accurate statement of the number or kind of out-patient services available in the United States for various reasons. One outstanding factor is the conflict in terminology and the different shades of meaning given to terms in different parts of the country; i.e., clinic, dispensary, out-patient department, station, center, may all mean one and the same thing. A comparison of all figures available show that there apparently are 4,330 dispensaries in the United States, classified as follows:

General	1,212
Tuberculosis	709
Venereal Disease	427
Baby and Child Hygiene	500
Mental	216
"Special"	247
Federal	423
Red Cross	136
Industrial	450

4,330

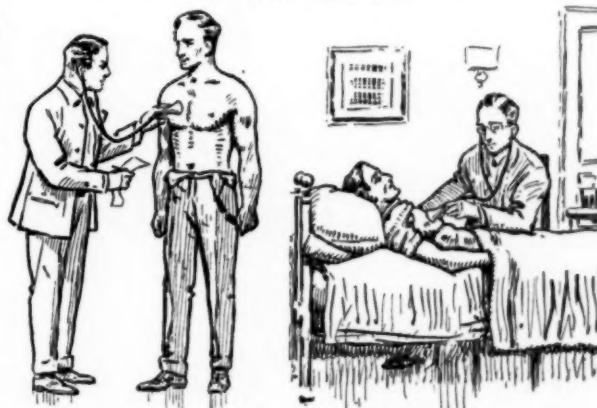
Activity in the dispensary field has been so great and so varied that serious effort has been made along the line of standardization as well as in all attempts to express the need for improvement.

The dispensary is a growing factor in the community and is becoming a force in medical education. In the

words of Dean Edsall of Harvard Medical School: "The undefined and the mild conditions, early chronic disease, and the like, will constitute the practitioner's chief work always, and especially in his early practice. They are the most difficult of all to achieve real skill in. * * * The most obvious and the most effective way of doing this is through greater use of the out-patient department with both students and internes. There the conditions under discussion are found in numbers. * * * The senior men must to some extent go back into the out-patient department and take some active part in it and its guidance. It is equally important that out-patient departments be so managed that the work is not the mere routine of handling the sick. Opportunities must be developed for careful and contributory study of disease there."

The Associated Out-Patient Clinics of New York City has been particularly active in attempting to express the place and needs of the dispensary in community medical practice. In one of its leaflets it has indicated the place of the dispensary as follows:

THE UP-TO-DATE HOSPITAL
Care for the Vertical as well as the Horizontal Patient
and Cares for Him Well



OUT-PATIENT DEPARTMENT
(Free and Pay Clinics)

IN-PATIENT DEPARTMENT
(Wards and Rooms)

The hospital wards take care of sick people who are in bed. The hospital out-patient clinic take care of sick people before they are ill enough to be in bed. One of the aims of a hospital should be to keep the vertical patient from becoming a horizontal patient.

Medical societies have, through special committees, public health committees, and in other ways, considered

the problems of the out-patient. In illustration of this is the action of Cleveland's Academy of Medicine, which, through its Hospitals and Dispensaries Committee, maintains contact with hospitals in respect to operation of dispensaries and clinics and answers frequent calls for advice on the part of various organizations in Cleveland.

The Academy of Medicine of New York and the Medical Society of the County of Kings, with some one hundred individual physicians who are staff members of practically every hospital in the greater city, endorsed a statement of needs and standards prepared by the Associated Out-Patient Clinics which has for its main theme the following five points that are considered fundamental:

"1. The out-patient and the bed services should be regarded as intimately associated phases of hospital work and should be unified as fully as possible as to medical staff and as to administrative organization.

"2. The number of patients accepted for care should be limited and regulated according to the facilities of staff, space and equipment.

"3. Adequate records should be maintained of the medical work, the attendance, and the income and expenditure. All the medical records of a patient should be filed together.

"4. Adequate laboratory service should be made available for the out-patient department.

"5. Nursing service, social service, and clerical service should be provided. Physicians should be able to devote their time to their patients and be freed from mechanical and clerical duties."

The entire statement was reprinted by the American Medical Association in its bulletin, after it had been distributed by the Kings County Society jointly with the Hospital Council of Brooklyn to the physicians and hospital trustees of the Borough of Brooklyn.

Social service has received much thought in many parts of the country and there is gradually emerging an approximation of a consensus of opinion on the part of clinician, hospital administrator and social worker of the function and relationship of medical social service to the patient, to the clinician, to the institution and to the community.

The American Hospital Association has for the past fifteen years been giving the whole problem thoughtful attention and has under consideration the establishing of a set of minimum requirements for an acceptable dispensary which parallels the hospital standards of the American College of Surgeons. As proposed to the American Hospital Association by its Committee on Out-Patient Work at the 1925 Convention, these suggested standards state that:

"In order to function as an integral part of the community health program and reach its highest point of effectiveness in service to patient, physician and hospital an out-patient department or dispensary should:

I. Be a part of or closely affiliated with a hospital in order that continuity of medical care may be assured by provision of bed facilities and that continuity of professional service be provided in so far as possible by unification of staff and administrative organization.

II. Provide facilities for maintaining records (adequate as to content and easy of access), laboratory service (sufficient in amount and variety) and space for clinic quarters (proper in size, arrangement and equipment).

III. Have a medical staff to which the minimum qualifications for appointment is made on the basis of professional qualification requiring as a minimum that the physician be a graduate of a reputable medical school, has

served an internship, hold a license to practice in the state and maintain membership in the medical society of the state in which the institution is located.

IV. Maintain a non-medical staff sufficient in numerical strength and diversity of training to assure the essential nursing, social and clerical service that will enable the physicians to provide medical care commensurate with the needs of the patient and in accord with the modern concept of professional procedure.

V. Arrange for review of the medical work done by periodic conferences of the staff of the out-patient department to the end that the patients accepted for care shall receive proper attention."

No attempt has been made to review in its entirety nor to express in figures the developments in the field of dispensary practice. The volume of work done has increased, facilities are improving, new buildings are being provided, in- and out-patient service is being integrated, totally free service is probably decreasing, social service is being recognized as an adjunct to medical practice, and, in short, the ambulatory patient is being provided for as has his bedridden counterpart in need of public medical service.

The quotations illustrate, it is believed, a movement that is in active progress throughout the country as a whole. They are selected as indications because they are now in print and generally available. Much more could be included by way of example. The reviewer has restricted himself to his personal activity or observation, knowing that within the space of a review of this type justice could not be done to the entire field. Much of similar character has been and is being attempted, without, perhaps, the use of printer's ink, in every part of the United States and Canada.

The opportunity is before the medical profession to make its impress felt during the formative stage of a transition period. Without sound and conservative participation by the organized medical profession, developments in community medicine are as a ship without a navigator. One of the outstanding and most promising features of the year is the increasing interest of the profession in dispensary practice. Another is the desire of dispensary administrators and non-medical workers to secure greater participation by the profession in solving the problems involved in the handling of the ambulatory patient in need of both curative and preventive medical care.

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Report of Committee on Out-Patient Work of American Hospital Association for 1925.

"The Up-to-Date Hospital Cares for the Vertical as well as the Horizontal Patient and cares for him well," issued by Associated Out-Patient Clinics.

"Needs and Standards of Out-Patient Service," issued by Associated Out-Patient Clinics.

Additional material on the Dispensary and references to articles, books, etc., are available from

American Hospital Association, 22 E. Ontario St., Chicago, Ill.
American Medical Association, 535 North Dearborn St., Chicago, Ill.
Hospital Library and Service Bureau, 22 E. Ontario St., Chicago, Ill.
Committee on Dispensary Development, 17 W. 43d St., New York.
Associated Out-Patient Clinics, 17 W. 43d St., New York.

1313 Bedford Ave.

Treatment of Salvarsan Infiltration by Means of Diathermy

Albert E. Stein warmly recommends Diathermy for treatment of extravasation of solutions of arsphenamine and of kindred products, which in his experience is superior to the heretofore used procedures namely infiltration with novocaine-suprarenin solution, application of ichthyol, heat, wet dressings, cooling ointments, hot air, baths, and the like. Treatment should be commenced as early as possible and be applied daily; in severe cases twice daily, from 20 to 30 minutes. The usually severe pain is moderated very shortly and in a week's treatment the site of the infiltration is reduced to normal.—(*Muench. Med. Wchnsch.* Vol. 72, No. 31, July 31, 1925, p. 1297.)

Progress of Surgery (Concluded from page 3)

life cycle has been observed in all cases as that seen in pleuropneumonia owing to the small size and lower visibility of the malignant growth viruses. Unless considerable care is exercised the spheroids may easily be confused with other spherical bodies occurring in most organic fluids. This can only be obviated by a careful preliminary study of uninoculated culture mediums.

Comment

The significance of the English discoveries is well stated by Dr. George A. Soper, Managing Director of the American Society for the Control of Cancer:

"What has been discovered in England is apparently the causative agent of a particular kind of tumor in certain animals. This is a long way from furnishing ground for the opinion that cancer in human beings is due to the same or a similar parasite, or, in fact, to any micro-organism whatever. Still more remote is the possibility that the discovery will lead to the preparation of a specific cure for the disease called cancer. The best security which is afforded today against cancer lies in the earliest possible recognition of the disease and the prompt employment of skillful surgeons and radiologists."

H. Rahm presents some interesting conclusions regarding "*Postoperative Irradiation of Carcinoma of the Breast*" (Zur Frage der Nachbestrahlung operierter Mammacarcinome). *Beitr. z. klin. Chir.*, 1924, CXXXI, 716.

Rahm reports the results of postoperative irradiation in thirty-six cases of carcinoma of the breast. The cases are divided into four groups according to Perthes' classification:

Group 1. Cases in which no radiation was given after operation.

Group 2. Cases with insufficient radiation.

Group 3. Cases in which approximately the erythema dose was given through 3 mm. of aluminum at the apex and some also with the symmetrical apparatus at intervals of from four to six weeks. Frequently only the scar was irradiated, but in some cases the axilla also was treated.

Group 4. Cases treated with modern deep roentgen-ray methods. A full erythema dose was applied to the scar and the axillary and supraclavicular regions with the symmetrical or intensive apparatus with homogeneous filtration (zinc or copper and aluminum) so that bronzing of the skin appeared. In cases in which involvement of the clavicular glands was suspected, the supraclavicular region was irradiated from behind. At the second treatment, which was usually given after six weeks (at the present time after a longer interval), a similar dose was applied, but in slightly different fields, so that no area was left untreated.

Of the forty-four patients who did not receive postoperative irradiation, twelve (27.5 per cent.) lived longer than three years, while seven (15.9 per cent.) lived longer than five years.

In Group 2 the mortality during the first three years was 72.5 per cent. Three patients (17.6 per cent.) were known to be living at the end of three years, and possibly two others were still alive.

In each of Groups 3 and 4 three patients (30 and 33.3 per cent. respectively) were living at the end of three years.

The mortality during the first three years after the operation was 72.5 per cent. in Group 2, 70 per cent. in Group 3, and 66.6 per cent. in Group 4.

From these cases is drawn the conclusion that an increase in the intensity of the rays does not cause an in-

crease in the rate of recurrence. The results do not speak against postoperative irradiation, but Rahm believes that one must be guarded in concluding that they speak in favor of it.

In subsequent examination of the entire number of patients does not show that the results in the irradiated cases are distinctly better than those in the others, Rahm will give up postoperative irradiation.

Comment

In reviewing our cases of cancer of the breast we have arrived at the conclusion that there are more recurrences after postoperative irradiation. We have, therefore, abandoned it as a routine procedure.

G. Forssell presents an important article on his "Experiences in the Permanency of Radiological Cure in Cancer" (*Am. J. of Roentgenol.*, 1924, XII, 301).

Of forty cases of superficial cancer of the lower lip treated prior to 1917, a permanent cure was obtained in thirty-six (90 per cent.), but in only nine of twenty-six cases (34 per cent.) of infiltrating tumors was there a permanent cure. If fourteen of these twenty-six cases which were inoperable in the beginning are excluded, the percentage becomes 75. The percentage in all cases is 68, and that for the fifty-two operable cases 86.

Recurrences of cancers of the skin and lip of the superficial type are cured in about the same proportion as primary tumors. This is not true of the infiltrating tumors. Whereas 59 per cent. of such primary cancers of the skin and lip were cured, only 31 per cent. of recurrences of cutaneous growths and 13 per cent. of cancers of the lip have remained cured. In cases of the latter type, the percentage is kept low because of the early appearance of glandular metastases.

Between 1914 and 1921, 505 carcinomas of the uterine cervix were treated. In the first five years, from 88 to 97 per cent., and in the last three years, from 63 to 76 per cent. were inoperable or borderline cases.

Of the patients with operable and borderline carcinomata, 40.5 per cent. have been symptom-free for five years. Of those with inoperable carcinomata, 16.6 per cent. have been symptom-free for five years. Of the remainder with inoperable growths who have not been permanently cured, from 20 to 25 per cent. have remained symptom-free for at least three years.

Forssell draws the following conclusions:

1. The ratio of cures falls with advancing age.
2. Recurrences which follow radium-cured primary cancers of the skin and lip and which fail to be cured by repeated radium treatment occur in less than 10 per cent. of the cases.
3. Next to the lesions enumerated, cancers of the thyroid yield the best results most constantly.
4. The biological character of the tumor and its stage of development determine the final result to at least the same extent as the degree of its radiosensibility.
5. The final as well as the primary cure depends mainly on the technique used.
6. Radio therapy gives the normal mechanism of cure a chance to overcome the disease by weakening the tumor.
7. In operable cases, radio therapy can be considered only when it yields a materially better result than surgery. In doubtful cases, the treatment must be based on the indications in each case. In inoperable cases, radio therapy is indicated, if previous experience shows that a cure or material improvement is probable.

Summary

The outstanding features of the year are—

First. The condemnation of the old standard Bassini operation for the radical cure of hernia and the substitu-

tion of a number of procedures that restore the inguinal canal by uniting structures of the same histologic values.

Second. The tendency to abandon the "truss-treatment" of infants and substitute the radical cure at the earliest practical period.

Third. The contribution of Drs. Gye and Barnard to the etiology of cancer. While this research does not solve the problem of human cancer, it may be an important step in that direction.

1835 E. New York Avenue.

The Year in Urology

(Concluded from page 6)

nals of Surg., October, 1925) showing the results of thirty years personal experience in the Seraphimer Hospital, Stockholm. The service received 295 cases, performed 205 operations, and left 90 without operations. The latter group did not improve, although 14 still survive. Death occurred as a rule within five years with the classic symptoms of urinary or general tuberculosis. In the 190 nephrectomies mortality was 7.3 per cent, and late deaths 25 per cent, and good results or improvements, 62.6 per cent. It is a large series of this kind in such a disease as tuberculosis as makes for definite conclusion.

New Remedies

New remedies are always uppermost in the minds of the profession and the laity, solely in the hope of quick cures, which at least in the nature of urinary infection cannot be obtained. Henline (*Jl. Urol.*, XIV, 119) writing on "Hexyl Resorcinol" details a large number of rather satisfactory cases. The paper will repay study, but in the opinion of the reporter does not distinguish sufficiently fully the fact that the more profound the mucous membrane involvement in the pelvis, ureter or bladder, the slower will be the response to any antiseptic, first because the organisms are largely buried in the substance of the mucosa, and second because the process seems to continue after the germs disappear because of the slow recovery of all mucous membranes.

Novasurol is another synthetic compound falling into this group. One easily remembers the enthusiasm which came and went as to calcium-chloride. An interesting contribution is "The Diuretic Action of Ammonium Chloride and Novasurol in Cases of Nephritis with Oedema" by Keith, Barrier and Whelan (*Jl. Am. Med. Assn.*, September 12, 1925) who had already made a favorable report on ammonium chloride as diuretic, giving it preference over calcium chloride which is hard to take. Ammonium sulphate has also been tested. The effects of the chlorides seem to be inharmonious, for while in some cases they act promptly in removing oedema, in others they are almost inert, the positive reaction being both temporary and slight. In the effort to place the latter group on the credit side novasurol was given as an adjunct and at once made good. It contains mercury in the molecule and mercurials have an ancient reputation as diuretics. These observations are very interesting, but have not yet stood the test of time nor of a large variety of miscellaneous and difficult complicated cases.

45 West 9th Street.

Progress in Medicine

(Concluded from page 11)

of the phenolsulphonephthalein test and the two-hourly urine. The author does not consider it essential to estimate the blood urea, creatinin, or the other non-protein substances, but at the same time he does not disparage

elaborate tests if by means of them really valuable information is obtained.

W. W. Laing (*Long Island Medical Jour.*, December, 1924) reviews all the tests aiming to reveal myocardial weakness. He describes Herz's, Katzenstein's, Graeupner's, Barringer's, Barach's, Stone's, Peabody's, Schneider's and the Army test, none of which has been found wholly satisfactory. Laing thinks that it is better to know how well a patient is able to perform his regular daily activities than it is to study how he reacts to artificial tests. Such information is best elicited by certain questions, such as "how many flights of stairs can you climb without getting out of breath?" "Can you go up quickly or do you have to go slow?" "How about walking on the level?" "Quickly or slowly?" "Walking up hill?" "Can you do as much as your companions in the way of physical effort or do you have to stop sooner?" "On account of fatigue or breathlessness?" "Do you get out of breath more easily than you formerly did?" "Is this condition getting worse?" "How many pillows do you sleep on?" In this way one can estimate fairly well the degree of impairment of reserve force without using formal tests. This common sense method helps to exclude neurotic cases and is useful in calculating the proper "dosage" of therapeutic exercises.

Venereal Disease Control

(Concluded from page 15)

women and he also represented the Association at a number of other international organization meetings.

This cooperation involved on the part of the Director of the Association's Department of Legal Measures and two assistants inquiries in many cities of the more important countries in Europe and South Africa, and the attendance upon meetings at Geneva and elsewhere in Europe to make progress reports and to confer with other members of these committees and commissions in forming plans and programs for further work.

Another staff member conducted inquiries in the United States. There was also prepared, at the request of the Social Section of the Secretariat of the League of Nations, a digest of the laws and decrees of the various nations of the world regarding prostitution and traffic in women and children.

The Association took part in the formation of an International group of voluntary associations interested in migration problems to be associated closely with the International Labor Office at Geneva and accepted appointment of a staff member as one of the experts to advise the International Labor Office on such matters.

The same staff member was also appointed by the Council of the League of Nations to serve as one of a new group of child welfare assessors attached to the reorganized Advisory Committee on Traffic in Women and Children, henceforth to be known as the Advisory Committee on the Protection and Welfare of Children and Young Persons.

The Association's Committee on Foreign Relations under the Chairmanship of Dr. Charles W. Eliot sent a commission of three members to study social and health conditions in England, Scotland, and several European countries. This Commission, consisting of Mrs. Anna Garlin Spencer, Mr. Frederick H. Whitin, and Dr. Walter M. Brunet, conferred with many influential groups and individuals, and its efforts toward a better common understanding on social hygiene problems met with much success. In addition to many informal meetings with official and voluntary health and social workers, the following meetings were attended and taken part in by members of this Commission or other Association workers: